

**TEXAS A&M
HEALTH SCIENCE CENTER
SCHOOL OF MEDICINE**

**STUDENT HANDBOOK
FOR
SCHOOL OF MEDICINE STUDENTS**

Office of Student Affairs
Revised September 2023

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SCHOOL OF MEDICINE STUDENT HANDBOOK

Aggie Code of Honor

For many years Aggies have followed a Code of Honor which is stated in this very simple verse:
"Aggies do not lie, cheat, or steal, nor do they tolerate those who do."

The Aggie Code of Honor is an effort to unify the aims of all A&M students toward a high code of ethics and personal dignity. For most, living under this code will be no problem, as it asks nothing of a person that is beyond reason. It calls only for honesty and integrity, characteristics which Aggies have always exemplified. The Aggie Code of Honor functions as a symbol to all Aggies promoting understanding and loyalty to truth and confidence in each other.

School of Medicine Honor Code

The School of Medicine Class of 2008 felt it appropriate for the School to have an honor code specific for medical students and created by medical students. After obtaining student input, the Class created the following honor code and it was subsequently adopted by the School.

A Texas A&M medical student is a professional who exhibits leadership, honesty, integrity, compassion, respect and self-discipline.

Introduction

As part of Texas A&M University (TAMU), the Texas A&M School of Medicine (also referred to as "School" or "Medicine" in this document) operates in accordance with general University regulations as published in Texas A&M University Student Rules. However, not all of the regulations which govern student conduct and student activities in the University are appropriate to students enrolled in the School of Medicine. Candidates for the M.D. degree are classified as *"first professional students"* and are subject to requirements of a well-defined curriculum that is collegiately administered by the School of Medicine. Additionally, medical students must respond to behavioral and professional standards and ethics that are imposed through professional accreditation and licensure authorities. Consequently, the School of Medicine has established additional rules and regulations concerning academic, disciplinary, and student life areas within the School. Unique services provided by the School for its students are also outlined. Rules and regulations of the School of Medicine that differ from or expand on those of the University are set forth in this document as an addendum to the Texas A&M University Student Rules for evaluation, advancement, and discipline for students pursuing an M.D. degree. All other Texas A&M University rules and regulations, where applicable, govern the conduct, rights and responsibilities of students currently enrolled in the School. TAMU student rules can be found online at <http://student-rules.tamu.edu>. In the event of conflict between Texas A&M University Regulations and the School of Medicine Student Handbook, the Handbook will be the controlling standard. Students have the responsibility to be fully acquainted with and to comply with the Texas A&M School of Medicine regulations and the relevant regulations of TAMU. Students should also be acquainted with, and comply with, such regulations at our clinical teaching affiliates and other sites where they may receive clinical

instruction. The rules, regulations and policies contained in this publication pertain only to students enrolled in the professional curriculum leading to the M.D. degree in the School of Medicine.

Given the foregoing introduction, it should be understood that every student in the School of Medicine is subject to multiple jurisdictions. For example, a student must meet the separate and distinct rules and standards of Texas A&M University, the School of Medicine, the Texas Medical Board (or equivalents), and other medical authorities or entities that may apply. A single act of misconduct might be adjudicated under the rules of all of these entities, and the outcomes might be consistent or diverse, because the organizations have different goals and missions.

This edition of the School of Medicine Student Handbook is complete as of October 2022. Additions, deletions, and changes may occur after this date without prior notification. A current copy of this handbook may be obtained from any School of Medicine Office of Student Affairs and is also available online at <https://medicine.tamu.edu/academics/students/docs/med-student-handbook.pdf>.

Disclaimer Notice

*Every effort has been made to verify the accuracy of information in this publication. Nevertheless, the Texas A&M School of Medicine reserves the right to change without prior notice: admission and degree requirements, curriculum, courses, teaching personnel, rules, regulations, tuition, fees, and any other matter described in this handbook. **This handbook does not constitute a contract, expressed or implied, between any student or faculty member and the Texas A&M School of Medicine or of Texas A&M University.** The guidelines set forth do not create any rights greater than those existing in current State and Federal law. The School at all times retains the right to dismiss any student who does not attain and maintain adequate academic or clinical performance or who does not exhibit the personal and professional qualifications required for the practice of medicine.*

Notice of Nondiscriminatory Policy

The Texas A&M School of Medicine, in compliance with applicable federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity or expression, age, religion, disability or status as a veteran in any of its policies, practices or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services. If you need information or have inquiries regarding such issues, please see the TAMU ADA page at <http://urc.tamu.edu/ada> or email ADA.Coordinator@tamu.edu. The School of Medicine does not discriminate on the basis of an individual's disability and complies with Section 504 in its admission, accessibility, treatment, and employment of students in its programs and activities. The School of Medicine provides academic adjustments and auxiliary aids to students with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic requirements. The Office of Disability Services at Texas A&M University coordinates programs and efforts for the benefit of the individuals covered under the statute. For additional information, contact the office at (979) 845-1637 or visit their website at <http://disability.tamu.edu>.

Non-Toleration of Discrimination & Sexual Harassment

As outlined in **Texas A&M System Policy 08.01.01**, Texas A&M University does not tolerate acts of discrimination, harassment, or retaliation based on a protected class. The Department of Civil Rights and Equity Investigations is committed to protecting equal access to University programs, activities, and services by conducting fair, equitable, and thorough investigations and by supporting Texas A&M's commitment to promoting diversity and inclusion. Any member of the campus community or public who witnesses, is subjected to, or is informed about incidents of discrimination, sexual harassment, and/or related retaliation should report the incident to the TAMU Department of Civil Rights & Equity Investigations. In particular, further information regarding reporting, help for and investigation of sexual harassment or violence issues can be found at <http://titleix.tamu.edu> . Please see Appendix XI of this Handbook for further information and reporting instructions.

ACADEMIC REGULATIONS

STUDENT ACADEMIC PRIVILEGES

Every student has a right to a course¹ grade that represents the faculty's good faith judgment of the student's academic performance. The assignment of a course grade may include the assessment of professional attributes. A specific evaluation and grading plan will be distributed clearly at the beginning of each course or clerkship. With regards to clinical clerkships, failing any component of a clinical rotation in the domain of professional attributes may result in failure of the clerkship.

GRADING

A student's grade in every course in the curriculum of the School of Medicine may be based upon performance, professional behavior and/or participation in class or clinical rotation, laboratory work, examinations, and other activities as may be applicable to that course. The proportionate weight assigned to each factor shall be determined by the directors administering the course. The basis upon which the final grade will be determined shall be announced in writing at the beginning of the course and shall remain constant for the duration of the course.

In order to have grades ready for Student Promotions Committee (SPC) meetings and to comply with the Registrar's Office policy, deadlines will be set for each phase of the curriculum.

Grades used in the School of Medicine shall be as follows:

H-Honors	4 grade points per credit hour
P-Pass	3 grade points per credit hour
F-Failure	0 grade point per credit hour
F/P-Failed Course Remediated	1 grade point per credit hour
I-Incomplete	no grade points
W-Withdrawn	
NG-No Grade	
S-Satisfactory	no grade points
U-Unsatisfactory	no grade points
U/S – Unsatisfactory Remediated	no grade points
X - No grade submitted	no grade points

A grade of Pass or Satisfactory must be attained in all required courses of the medical curriculum in order to satisfy the requirements of the M.D. degree. Once an “F” is remediated, the grade shall be recorded as “F/P”, or a “U” remediated will be recorded as a “U/S”.

GRADE OF INCOMPLETE

A temporary grade of incomplete (I) for a course/clerkship at the end of a course/clerkship usually indicates that the student has completed the course with the exception of a portion of the work. The instructor shall give an incomplete grade when the deficiency is due to an authorized absence or other cause beyond the control of the student or when all but a single component of the course/clerkship has been completed.

¹ References to the “course” in this Student Handbook are intended to include “block” or clerkship.

The instructor must submit a plan for the student to complete this requirement to the Student Promotions Committee for approval. The grade will be changed to a P/F/H when the course requirements are complete. The course/clerkship director must send a Change of Grade form to the Office of the Registrar.

GRADE POINT AVERAGE

Grade point average (GPA) is calculated by the Registrar's Office using the grade points listed above. GPA is calculated at the end of each academic year.

CLASS RANK

All Classes through the Class of 2024

An initial class rank will be determined at the end of the pre-clinical curriculum. It will be determined once again at the end of the student's third year courses using classes from all three years, and this will be the student's final class rank. Class rank is computed on the basis of a weighted grade average (final numerical grade x no. of credit hours for each course). For students who receive the grade of "F/P" for a remediated course, this will count as a "69" for calculation of weighted grade average or as 1.0 grade point for credit hour for GPA calculation. Any student who receives an "F" in a course/clerkship for non-cognitive reasons will receive a grade of 65 for purposes of the weighted grade average. Classes graded S/U do not count towards class rank. Students with the same weighted grade average are shown as having the same class rank. Advanced standing students (transfer students) will not receive an official class rank.

Class of 2025 and subsequent classes

Beginning with the Class of 2025 and those that follow, pre-clerkship courses will not be counted towards one's class rank. Class rank will be determined by the weighted grade average using the final grades from the clinical clerkships. A final class rank will be computed early in one's fourth year after completion of all clerkships. The rules stated above regarding a 69 for F/P courses and 65 for non-cognitive failures hold for this group as well. For students extending their time in school, such as those taking a research year between years 3 and 4, class rank will be compared with cohort they finished the majority of their clerkships with. Advanced standing students (transfer students) will not receive an official class rank.

Per AAMC MSPE guidelines, class rank is reported by quartiles in the MSPE, unless one is in the top 10 of their class and wishes the exact number to be shared.

GOOD ACADEMIC STANDING

Good academic standing is defined as not being on probation for either academic or professional reasons.

In order to enroll in any additional elective courses beyond the required curriculum, students must be in good academic standing. Exceptions may be made for summer electives or other classes that do not interfere with required curriculum or remedial work.

During the fourth year, all students are required to satisfactorily complete elective courses. All students who are on probationary status must have: (1) their fourth year courses limited to LCME accredited schools; (2) their schedules approved by the dean(s) for Student Affairs; (3) the usual good standing letters from the Office of Student Affairs to outside institutions altered to reflect the concerns of the Student Promotions Committee about their deficiencies; (4) approval by the Student Promotions Committee to do away rotations.

STUDENT APPEAL OF ADVERSE DECISIONS

There are four types of potential appeals that may apply to a student, depending upon the facts of the situation and whether it involves the Student Promotions Committee (SPC).

1. Grade appeal
2. Appeal of SPC decisions other than dismissal
3. Appeal of SPC decisions of dismissal
4. Disciplinary appeals

For types 1-3 above, specific procedures are outlined in various sections below. Procedures related to disciplinary appeals are outlined in Appendix III of this handbook.

For disciplinary situations involving academic dishonesty, the student is also subject to rules of the University, which require reporting to the TAMU Aggie Honor System. This may in School of Medicine cases may also involve investigation and adjudication by the TAMU Aggie Honor System first. Appeal of any decision by this entity is covered in University regulations. See <https://aggiehonor.tamu.edu> for more information, as well as Appendix III of this handbook. Following final decisions by the Aggie Honor System, the matter is then referred to the School of Medicine Student Promotions Committee for deliberation about any additional professionalism sanctions, if applicable.

In general, the decision of any appeal process may not result in more severe consequences than already assessed, unless new facts come to light. In the case of academic dishonesty, however, initial sanctions are determined by the Aggie Honor Council of the University, which will include Medicine/HSC members on it when possible. However, one of the sanctions of the Aggie Honor Council will include referral to the SPC of the School to apply any additional professionalism sanctions, if deemed appropriate. Those sanctions are in addition to and a part of those decided by the Aggie Honor Council and may be more severe than the initial sanctions decided on by that Council, up to and including dismissal. Should dismissal be assessed, it may be appealed by the process for Appeal of Dismissal covered below.

When processes call for appeal panels to be convened, care will be taken to pick a panel that has no known biases towards the student. In particular, no one may serve on the panel who was a part of the original decision.

APPEAL PROCEDURE FOR GRADES

The course or clerkship director is the primary authority with respect to a student's proficiency and final grade in that course/clerkship. A student who believes that his or her final grade reflects a capricious,

arbitrary or prejudiced academic evaluation should first discuss the matter with the course/clerkship director.

A student wishing to appeal the final grade received in a particular course or block should first attempt to resolve the matter by meeting with the pre-clerkship curriculum leader or third year course director. Students not satisfied after attempting such resolution may file a formal written appeal with the School of Medicine Senior Associate Dean of Academic Affairs (SADAA) or other designee. The appeal must be made within ten (10) business days (based on the Medicine academic calendar) from the date the student is officially notified of the grade, and must detail the reasons for appeal. The SADAA or designee has the option of rendering a final decision on the appeal, may appoint an *ad hoc* appeal committee to return a recommendation about the appeal, may dismiss the appeal, or may consider another remedy. The appeal hearing process is described in more detail below.

If an *ad hoc* appeal committee is formed, the committee will make a recommendation to the SADAA or designee who shall then make the final decision. The SADAA or designee will review the recommendations of the committee and may meet with the student or with any faculty or staff member prior to making a decision. Whether an appeal panel is formed or not, the final decision will be made by the SADAA or designee.

Appeal Hearing: If an appeal committee is formed, it will be convened by the appeal board chair and the board will hear the student's reasons for the appeal. Witnesses may be called at the discretion of the chair. Students requested to be present as a witness by the school or by the student who is appealing the grade are not compelled to testify. No legal counsel is permitted in the appeal hearing. However, a student may request an advisor be present, such as a faculty member or another student. This advisor may be present to provide the student advice but may not represent the student or directly question or cross-examine witnesses. A family member may not serve in this role. The output of the appeal board will be a written recommendation to the SADAA.

After being notified of the final decision, if the student feels that the School of Medicine did not properly follow its established procedures, then an additional written appeal may be forwarded to the TAMU First Professional Appeals Panel. The appeal notice must be filed within ten (10) business days after being notified of the decision and may only appeal the procedural issues. See TAMU Student Rule 62 for details. This step exhausts the student's appeal options and the First Professional Appeals Panel's decision is final.

ACADEMIC DISHONESTY AND VIOLATIONS OF AGGIE HONOR CODE

As part of Texas A&M University, all School of Medicine students are subject to the Aggie Honor Code of the University, as well as the professional standards of the School.

The dean(s) for Student Affairs or a designee will do an initial assessment of complaints of academic dishonesty or other potential Aggie Honor Code violations. If it is determined that sufficient cause exists to pursue the complaint, the accused will be notified in writing and have an opportunity to be heard. The rules of the Aggie Honor System will apply, including allowing an instructor to handle the sanctions autonomously if it is a first offense and merely notify the Aggie Honor System Office of such, if the instructor prefers this route. The case may also be referred to the Aggie Honor System Office for full investigation, and if deemed appropriate, adjudication, via the University rules. See

<https://aggiehonor.tamu.edu/> for full details and applicable rules. Upon conclusion of the Aggie Honor Code process, the incident will be referred back to the Medicine Student Promotions Committee for application of additional professional sanctions, if appropriate. As the student is under two different jurisdictions whose standards may differ, the Student Promotions Committee retains the right to enact additional sanctions, up to and including dismissal, if deemed appropriate.

A student may not be promoted or graduated until any allegation of academic dishonesty or an Aggie Honor Code violation has been resolved.

PROMOTION AND GRADUATION

STUDENT PROMOTIONS COMMITTEE

The Student Promotions Committee (SPC) will maintain a continuing evaluation of the academic and professional progress of each student. Recommendations for graduation are advisory to the Academic Council. The committee's options for actions include:

- 1) Advancement
- 2) Conditional advancement (promotion) dependent results of other items such as satisfactory completion of specified academic work by an established date, counseling, mandated fitness for duty evaluation, or other requirements made by the committee.
- 3) Retention with a specific requirement to repeat a course, component of a course, sequence of courses, or a year.
- 4) Concern list for continued monitoring of specific issues for correction
- 5) Academic Warning
- 6) Probation
- 7) Dismissal
- 8) Completion of other requirements deemed appropriate by the Committee

STUDENT ACCESS TO THE SPC

Students requesting decisions by the SPC will present such requests in writing to the committee. For any SPC decisions that could potentially result in a decision for dismissal, or by request, the student will be afforded the opportunity to speak to the committee in person and answer any questions from committee members, if they wish to do so. This interaction shall be in the nature of an informal give-and-take, rather than a formal evidentiary hearing. The student may not have legal counsel present. The student may not present witnesses without prior consent of the Chair. After the student leaves, the committee will deliberate and the student will be informed of their decision afterwards. Should an adverse decision be made, the student may appeal the decision via the appropriate processes listed in this handbook.

APPEAL OF STUDENT PROMOTIONS COMMITTEE DECISIONS OTHER THAN DISMISSAL

Students have the right to appeal decisions of the Student Promotions Committee taken against a student for academic or professional reasons, failure to fully meet an academic requirement, or unprofessional conduct by filing a written appeal to the Medicine Senior Associate Dean of Academic Affairs (SADAA) or designee within ten (10) business days (based on the Medicine academic calendar) of the date of notification. The appeal must include the student's basis for the appeal. Specific procedures for appeal of a dismissal or an academic failure are outlined elsewhere. Students may also appeal other adverse decisions such as probation, repeating a year, etc. to the SADAA or designee. The SADAA/designee will consider these appeals on a case-by-case basis and may decide the appeal themselves or may appoint an *ad hoc* committee to hear the appeal and make a recommendation back to the SADAA/designee. The SADAA/designee will make a decision after considering the recommendation of the *ad hoc* appeal committee (if appointed), and may consult the student or other faculty and staff as needed prior to making a final decision. The decision of the SADAA/designee is final.

After being notified of the decision, if the student feels that the School of Medicine did not properly follow its established procedures, then an additional written appeal may be forwarded to the TAMU First Professional Appeals Panel. The appeal notice must be filed within ten (10) business days after being notified of the decision and may only appeal the procedural issues. See TAMU Student Rule 62 for details. This step exhausts the student's appeal options and the First Professional Appeals Panel's decision is final. Note that appeal of dismissal is covered in a separate section below.

The following serves as guidelines for actions by the Student Promotions Committee:

REMEDIATION

Remediation is appropriate in situations where the deficiency that leads to a failing grade is focal or circumscribed and does not require repeating the course. When a student receives a failing grade, the course directors then determines whether remediation or a repeat of the course is appropriate, given the scope and nature of the student deficiencies.

If a student does not perform in a satisfactory manner on a portion of a course/clerkship, the student may be assigned a grade of Failure (F). The course director then determines whether remediation is appropriate and makes a recommendation to the Student Promotions Committee to satisfy the requirements of the course/clerkship. The Student Promotions Committee can accept and/or modify the plan for remediation. The Student Promotions Committee, in conjunction with the course director, shall assign the time when the student must perform the remediation.

Ordinarily, remediation shall not be scheduled during required courses/clerkships or fourth year elective courses. Remediation should generally occur during a break from classes; however, the SPC may alter this if there is reason to do so. The Student Promotions Committee may design a course of studies to remediate a student's deficiency, specifying certain clerkships or other educational experiences during fourth year elective time or vacation time.

If a student is required to remediate more than one course, the Student Promotions Committee may mandate that the student repeat the year.

On the student's transcript the course/clerkship entry for successfully remediating a course shall be F/P. The grade of F/P will count as 1 grade point for the purposes of GPA calculation and as a 69 for purposes of weighted grade average calculation. If the remediation is unsuccessful, the grade entry will remain an F and repeat of the entire course or clerkship is usually required, or the student may face possible dismissal.

It should be understood that successfully remediating a failed class does not change the fact that it was failed. Thus, a remediated class will still be counted as a failure of a course.

FAILURE AND REPEATING COURSES/CLERKSHIPS

If a student does not satisfactorily complete all the requirements for a course/clerkship, or if the knowledge deficit is too broad to consider a focal remediation, the course leader may assign a grade of Failure. In this situation where focal remediation is not possible or appropriate, the Student Promotions Committee reviews the student's entire academic record and may require the student to repeat the entire course/clerkship or may take more severe action, including repeating the year or dismissal.

If a student fails more than one course, or fails a course and has marginal performance in 2 other courses/clerkships, or has marginal performance in many courses, the Student Promotions Committee may require the student to repeat the entire year. Marginal performance of students is defined as a grade equal to or below 73%.

If a student is required to repeat a year, grades from both the original courses and the repeated courses will be part of the official transcript and will be used in the GPA or WGA calculation, as applicable. If a student is mandated to repeat a year, the Student Promotions Committee may allow the directors administering courses that were successfully completed by the student to waive the repetition of that course. The directors send notice of this decision to the Office of Student Affairs at the beginning of the course who will present it to the SPC for consideration. The Student Promotions Committee will make decisions on a case by case basis.

For students repeating an academic year, the expectation is that they will pass all courses by the end of the next repeated academic year. Failure of a course or clerkship while repeating an academic year may result in dismissal

The Student Promotions Committee may require the repetition of any portion of the curriculum or an entire academic year if they deem the circumstances warrant it, regardless of GPA or other criteria.

Students are expected to complete the requirements for the MD degree in no longer than six (6) years, not counting any leave of absence or time spent pursuing additional degrees, such as a PhD or additional research experiences. Students who are unable, or deemed unlikely to be able to complete requirements within this time frame, may be reviewed by the Student Promotions Committee for further action, up to and including dismissal.

Professionalism is an integral part of the curriculum and is considered to be a component of all courses/clerkships. Failure of this domain will be considered sufficient reason to fail an entire course/clerkship, regardless of one's numerical average. The Student Promotions Committee will

review students' professional behavior in and out of class and retains the right to invoke appropriate disciplinary measures for breeches, up to and including dismissal.

PROBATION & ACADEMIC WARNINGS

When a student fails a class for the first time in an academic year, they will receive an Academic Warning. This warning will detail any steps they must take to remediate the failure, and may include directives to obtain further help from the School of Medicine Academic Support team. It will also detail any restrictions and what might occur if a subsequent class is failed. Most often, failure of a second class in the same academic year will result in repetition of the year and being placed on probation. Such decisions are made by the Student Promotions Committee on a case by case basis. In addition to any academic deficiencies, a student may also be placed on probation for professionalism concerns.

The Student Promotions Committee will determine when a student should be removed from probation. Generally, a student will be removed from probation after all deficiencies have been remediated, and the Committee feels the student has demonstrated stability in academic and professional performance. The Student Promotions Committee will make a deliberate decision in each individual case as to when the student may come off of probation. A student may remain on probation for longer than an academic year if concerns persist about their professional or academic progress.

All students placed on probation for any reason will be notified of such in writing. The notification will also contain an indication of the minimum amount of time or conditions necessary for consideration of their removal from probation.

Notwithstanding any provisions above, the Student Promotions Committee retains the right to place a student on probation at any time if the committee feels situation warrants it, whether it be an academic or professional matter. Failure of a course while on probation for either an academic or a professional reason may result in a decision for repeating the year or dismissal by the Student Promotions Committee. (See dismissal below)

While on probation, a student is expected to attend all required classes and activities, unless precluded by a bona fide emergency, or unless the absence is approved in advance. A physician must document any absence due to illness from a major assessment or required activity. Except for required electives in the curriculum, no electives are permitted while a student is on probation without approval of the Student Promotions Committee. Exceptions may be made for electives which do not interfere with required curriculum or remedial work, such as a summer preceptorship. While on probation, students may not hold or run for an elected office in student organizations, serve on councils and committees, nor officially represent the School at meetings or conferences. The student may not participate in activities that would entail absence from required classes. Additional academic failures or professionalism issues occurring while already on probation for any reason may be considered sufficient cause for additional actions, up to and including dismissal.

PROMOTION AND GRADUATION

In order to be promoted to the clinical years, a student must satisfactorily complete all the required course work of the pre-clerkship curriculum, unless decided otherwise by the SPC.

A passing grade in all required courses and clerkships must be achieved in order to receive the Doctor of Medicine (MD) degree. Passage of USMLE Step 1 and Step 2-CK is required for graduation. Students must pass USMLE Step 1 for promotion to the 4th year.

The Doctor of Medicine degree is awarded at the completion of the four-year program to those students who have attained at least a grade of P or S in all required courses and clerkships in the medical curriculum, who are not on probation, have fulfilled all graduation requirements, and who have satisfactorily demonstrated to the faculty the personal and professional qualities essential to the practice of medicine. A student may not be promoted or graduated until any allegation of academic dishonesty or an Aggie Honor Code violation has been resolved.

Students are expected to complete requirements for the MD degree within six (6) years, not counting time away on leave of absence or pursuit of advanced degrees, such as an MD/PhD.

Students may be allowed to participate in the commencement ceremony if all requirements for graduation will be met by the date specified by the TAMU Registrar, and if the cause for delay is not related to concerns in professionalism. Typically, this date is in late May for May graduates. Even if allowed to be in the commencement ceremony, the student will not receive their diploma until all graduation requirements are met.

PROBATION, REPEATING A YEAR OR DISMISSAL SUMMARY

1. Failure of any course or clerkship will result in a letter of Academic Warning. The Student Promotions Committee will decide on probation for any subsequent failure.
2. Failure of two courses in the first academic year may require a student to repeat the first year and may be considered for dismissal.
3. Failure of three courses in the first academic year will require repeat of the year and may result in dismissal.
4. Failure of two courses in Semester Three/Year 2 may result in repeat of Semester Three and may result in dismissal.
5. Failure of one course and marginal performance in two other courses (defined as receiving a grade of 73% or less) may require repeat of the year.
6. Marginal performance in many courses (defined as receiving a grade of 73% or less) may require a student to repeat the year and may result in dismissal.
7. Failure of a course or clerkship while repeating a year may result in dismissal.
8. Failure of a course or clerkship after two separate previous failures may result in dismissal.
9. Failure of a course or clerkship while on probation for any reason may result in dismissal.
10. Failure of USMLE Step 1 or Step 2-CK can occur twice. A third failure will result in dismissal.

All of the above categories will be considered and may be overruled by the Student Promotions Committee. The Student Promotions Committee can consider extenuating circumstances by which to alter the above rules.

DISMISSAL

The Student Promotions Committee may dismiss a medical student who demonstrates academic deficiency or personal irresponsibility or unprofessional behavior. A student may be evaluated at any

time for continuation or dismissal. Students who demonstrate marginal performance on a number of courses/clerkships or multiple failures may be considered for dismissal. The student may appeal the Student Promotions Committee's decision for dismissal following the procedure described below.

Students wishing to reenter after being dismissed must make formal application through the Admissions Committee. The Admissions Committee will consider such reapplication and make its recommendation to the Dean. If the Dean's decision is favorable, the Student Promotions Committee shall recommend to the Dean the curricular placement of applicants for readmission. The respective committees may request of re-applicants or others any information they deem necessary for their decision.

APPEAL OF DISMISSAL

Students may appeal a Student Promotion Committee decision for dismissal by filing a written appeal to the Medicine Executive Associate Dean (EAD) or designee within ten (10) business days of the date of notification of dismissal (based on the Medicine academic calendar). The appeal request shall include the student's basis for appeal.

Upon receipt of such notice of appeal, the Medicine EAD or designee will appoint an *ad hoc* faculty committee in consultation with the Offices of Academic Affairs & Student Affairs to hear the appeal. The student may appear before the committee to elaborate on the reasons enumerated in their written appeal. The committee may question the student and call upon others for information pertinent to the appeal. Witnesses may be called at the discretion of the chair; however, students requested to be present as a witness by the school or by the student who is appealing the dismissal are not compelled to testify. Legal counsel may not be in attendance; however, a student may request a faculty member or another student to be present as an advisor. An advisor may be present to provide the student advice but may not represent the student or directly question or cross-examine witnesses. A family member may not serve in this role. After reviewing the information and testimony at hand, the committee shall recommend to the Dean of the School of Medicine a course of action based on their professional judgment. These recommendations will be forwarded to the Dean who will review the committee's recommendations, any documentation provided, and may meet with the student or any other pertinent individual before making a final decision.

The Dean may:

1. Accept the committee's recommendation
2. Return the recommendation to the committee with instructions for further investigation or deliberation
3. Reject or modify the committee's recommendations.

After being notified of the Dean's decision, if the student feels that the School of Medicine did not properly follow its established procedures, then an additional written appeal may be forwarded to the TAMU First Professional Appeals Panel. The appeal notice must be filed within ten (10) business days after being notified of the Dean's decision and may only appeal the procedural issues. See TAMU Student Rule 62 for details. This step exhausts the student's appeal options and the First Professional Appeals Panel's decision is final.

A student may continue in classes during the process of the appeal until a decision is reached by the Dean, unless a suspension was in effect.

NOTIFICATION OF OFFICIAL DECISIONS CONCERNING STUDENTS

Official communications to students concerning School of Medicine matters will be sent to students by U.S. mail, placed in their School mailboxes (where present), hand delivered, or delivered via e-mail. Any University or School of Medicine official communication may be sent to the student via their TAMU email. School of Medicine students are responsible for checking their emails frequently. The dean(s) for Student Affairs may bar students from continued enrollment or re-enrollment for failure to respond in a timely manner to official notifications, if such requests are included in the notifications.

USMLE POLICY

The rules below set forth the various USMLE policies for the School of Medicine. Exceptions are generally made only for significantly unique circumstances. The Student Promotions Committee has purview over such major exceptions. Minor changes in scheduling may be approved by the Office of Student Affairs in consultation with the Academic & Clinical Success Committee for circumstances beyond the student's control.

Students who plan to request testing accommodations from the NBME for Step exams should start the process at least six months prior to their anticipated test date. These students will be held to same testing deadlines as all others.

A student who fails any USMLE exam may not continue in the curriculum until a passing score is obtained, unless an exception has been obtained. Per School of Medicine policy, if a student fails the same USMLE exam for the third time, the case will go to the Student Promotions Committee for consideration of dismissal. Note that successful passage of both USMLE Step 1 and Step 2 CK are graduation requirements for the School of Medicine.

USMLE Step 1

Required Test Dates

Students are generally expected to take Step 1 of the USMLE prior to the commencement of the clerkship training during the spring semester of their second year, though exceptions may apply. A student deemed not ready to sit for the Step 1 exam may be held back from starting clinical clerkships until expected proficiency is demonstrated. Step 1 must be passed by the completion of the third year curriculum. Students will not be promoted to fourth year training prior to successful completion of Step 1.

Policy for Curricular Alteration When Additional Time is Needed

For a student who is not able to take Step 1 during the allotted study time, or who fails Step 1 on first attempt and needs more study time, the following policies will apply. Given recent changes in the curriculum, this policy is specific to individual classes.

Class of 2024

A student who is not ready to take Step 1 by the end of the allotted study time, the student may take up to an additional 4 weeks to prepare using the administrative time/vacation that follows. This will be charged to the student's administrative time/vacation that is allotted during the

second and third years of the medical curriculum. The student may not take a concurrent elective unrelated to USMLE study during this time.

If for any reason a student needs additional Step 1 study time beyond the four weeks of administrative time/vacation, the student must submit a written justification and request to Academic Support Services. If the additional study time is approved as an elective, it will be scheduled as a zero-credit elective which will not count towards the student's MD degree plan. Based on the curriculum, the student will be required to attend the one week clerkship orientation, then will take off the first clerkship for further study. This six-week additional study time will be taken from their fourth year administrative time/vacation allotment. If the student is still not able to complete the Step 1 exam and return a passing score by the end of spring semester of the second year, a leave of absence (LOA) will be required. A passing score must be obtained by the end of the third year or the student may be considered for dismissal by the Student Promotions Committee. Students will not be allowed to register for classes until a passing Step 1 score is obtained.

Note that students in AIM program will have different timelines than stated above due to the differences in their curricular schedule. These will be handled on a case-by-case basis; however, the general rules of having to obtain a passing score by the end of year 3, inability to advance to year 4 without a passing Step 1 score, and potentially needing to take a leave of absence per above all still apply.

A student who receives a failing score on first attempt after beginning a clerkship/elective may opt to finish the clerkship/elective in progress first, then resume the USMLE study time, or choose to withdraw from the clerkship/elective and start the study time immediately. If a student is not able to obtain a passing score on Step 1 by the end of the third year, they may be considered for dismissal by the Student Promotions Committee.

Any delay in taking the Step 1 may lead to changes to the original clerkship schedule and potentially may delay graduation.

Class of 2025 and beyond

A student who is not ready to take Step 1 by the end of the allotted study time will be required to attend the one-week clerkship orientation; but they will not start the first 6-week (or 8-week) clerkship and will be placed in a zero-credit elective that will not count towards the student's MD degree plan. Four of these six weeks will be charged to their allotted administrative time/vacation during the second and third years. Two weeks will be charged to their fourth year administrative time/vacation. In most cases, any delay beyond 6 weeks may delay graduation, and most delays beyond 10 weeks will almost certainly delay graduation. A student who is still not able to complete the exam and return a passing score by the end of the spring semester of the second year will be required to take a leave of absence (LOA). Students will not be allowed to register for classes until a passing Step 1 score is obtained, unless an exception is granted by the Student Promotions Committee.

A student that receives a failing score on first attempt once having begun a clerkship/elective may opt to finish the clerkship/elective in progress first, then resume USMLE study time, or choose to withdraw from the clerkship/elective and start the study time immediately. If students

are not able to obtain a passing score on Step 1 by the end their regularly scheduled third year curriculum, they may be considered for dismissal by the Student Promotions Committee.

Note that students in AIM program will have different timelines than stated above due to the differences in their curricular schedule. These will be handled on a case-by-case basis; however, the general rules of having to obtain a passing score by the end of year 3, inability to advance to year 4 without a passing Step 1 score, and potentially needing to take a leave of absence per above all still apply.

Any delay in taking the Step 1 may lead to changes to the original clerkship schedule and potentially may delay graduation.

USMLE Step 2 CK

Required Test Dates

Students should generally plan to take Step 2 CK immediately following their last third year clerkship, but must complete the first attempt no later than September 30 of the fourth year. However, with the recent change of Step 1 scoring system from a 3-digit score to Pass/Fail, students are **strongly** encouraged to take Step 2 CK in time for this score to be available when their ERAS application is submitted.

Policy for Curricular Alteration When Additional Time is Needed

If a student is not able to take Step 2 CK by September 30 of the fourth year, any request for extra study time must be approved by the Student Promotions Committee. In any case, a student must make a first attempt of the exam no later than December 31 of the fourth year. If unable to do so, the student will be required to take a LOA.

A student who receives a failing score on first attempt once having begun an elective, may opt to finish the elective in progress first, then resume USMLE study time, or they may choose to withdraw from the elective and start the study time immediately. Students need to consult with their campus Student Affairs Dean to ensure the completion of required electives for graduation. Step 2 CK must be passed by the May 1 of the fourth year. Failure to do so will delay graduation.

Extra time needed for study Step 2 CK will be taken from the student's fourth year administrative time/vacation allotment. In most cases, taking more than the allotted study time may result in delay of graduation.

USMLE Step 3

This exam cannot be taken before passing Steps 1 and 2 CK AND obtaining one's MD/DO degree. It is usually taken while in residency. Some medical boards may place time limits on the maximum amount of time that can elapse between taking Step 1 and Step 3. It is the responsibility of the student to determine if these time limits affect their ability to go forward or not.

State Medical Boards and USMLE Requirements

Each state medical board has different requirements in terms of timelines within which one must take the various step exams and the maximum number of times they will allow a given exam to be retaken, if not passed on first attempt. The National Board of Medical Examiners (NBME) also has limits and rules of its own regarding retakes. Information on specific examination requirements within each state, licensing jurisdiction or the NBME should be sought directly from those entities. It is the responsibility of the student to determine if these time limits affect their ability to go forward or not.

WITHDRAWAL FROM MEDICAL SCHOOL

Students desiring to withdraw from medical school or suspend their medical education, must submit a written notification of withdrawal to the dean(s) for Student Affairs, complete required paperwork, and schedule an exit interview through the Office of Student Affairs. Failure to complete required paperwork and obligations to the University may result in blockage of one's transcript or other sanctions.

Students who withdraw from the medical school, but subsequently wish to reenter the program, must make formal application using the established method for applying at the time (such as TMDSAS). The Admissions Committee will consider such reapplications along with all other applications in that cycle. If the reapplication is accepted for admission, the Student Promotions Committee shall determine the proper curricular placement of applicants for readmission. The respective committees may request of re-applicants any information they deem necessary for their decision.

ATTENDANCE AND ABSENTEEISM POLICIES

PRE-CLERKSHIP ATTENDANCE & ABSENCE POLICY

As part of professional identity formation, medical students are expected to attend mandatory sessions, arriving on time, fully prepared, ready for active participation, and staying through the completion of the learning event. Students must be in attendance for scheduled examinations.

Procedure

For all planned absences from mandatory learning events, students are required to complete a [Pre-Clerkship Absence Form](#), provide appropriate documentation, and submit these a minimum of two weeks prior to the scheduled learning events. In the event of an unplanned absence, students are required to contact the course coordinator as soon as possible and to submit a Pre-Clerkship Absence Form, along with appropriate documentation within 48 hours of returning to school. The Assistant Dean of Pre-Clerkship or designee will make decisions regarding the status of an absence, whether it is for an acceptable or unacceptable reason. Decisions for EnMed students are handled by Houston campus personnel.

Compliance

The Office of Academic Affairs, specifically the Assistant Dean of Pre-Clerkship and designees, will track student attendance through sign-in of mandatory events and submissions of the Absence form, required in the event of an absence from a mandatory learning event.

Definitions

- Absence — Failure to attend a mandatory event, arriving past the scheduled start time for a mandatory event by more than 10 minutes, or **failure to sign-in to a mandatory event**. Absences are tracked for professionalism.
- Late Arrival — Arriving or signing-in late for a mandatory event, defined as 1 to 10 minutes after the scheduled start time of the event.
- Mandatory Events — Learning events when attendance is required. These events are designated as mandatory in the course syllabus/schedule. Attendance is recorded at all mandatory events. Students are expected to arrive on time, to sign in on time, and to attend learning events to their completion.
- Non-mandatory Events — Learning events when attendance is not required, yet highly encouraged and expected as part of a professional education program. These events are designated as non-mandatory or optional in a course syllabus/schedule. For these events, students may choose to view the recording later, if available. Students are responsible for learning the content of all non-mandatory/optional events, as this may be testable material. Because recordings may take up to 72 work-day hours to be released, students should plan on attending each learning event during a test week. It is also important to note that not all sessions will be recorded and recording a session is at the discretion of the course director(s).
- Graded Activity — Evaluated task, part of the grading component as noted in a course syllabus.
- Semester — There are 3.5 semesters in the Pre-Clerkship phase:
 - Semester 1: July – December
 - Semester 2: January – May
 - Semester 3: July - December
 - Semester 4: January – February

Reasons for Missing a Mandatory Session

- Acceptable (See TAMU Rule 7):
 - Physician-documented illness serious enough to prevent attendance
 - Participation in legal proceedings
 - Death or illness of a loved one
 - Observance of a major [religious holy day](#)
 - Presenting or representing the SCHOOL OF MEDICINE at a local, state, national conference
 - Other situations may qualify as excused absences and will be evaluated by the Assistant Dean of Pre-Clerkship or designee on a case-by-case basis
- Unacceptable reasons:
 - Routine appointments (e.g., annual physical exam, routine lab work, dental cleanings, utility/cable appointments)
 - Leaving early to go out of town (e.g., extending holidays, family vacations)

Consequences for late arrivals or unexcused absences to mandatory events are administrated by the Office of Academic Affairs within established guidelines. Excessive absences may incur additional requirements of a student, up to and including repetition of a course. Students with a chronic or recurring medical condition are encouraged to contact Academic Affairs to discuss their condition to decrease the need for recurring documentation. The School retains the right to require additional documentation of any absence, as deemed necessary.

CLERKSHIP ATTENDANCE AND ABSENCE POLICY

Each clerkship will establish an attendance policy that meets the requirements of the curriculum. However, as a general rule, students will be required to attend all rounds, lectures and clinic duty.

Absences, with approval of the clerkship director, will be allowed for the following reasons:

1. Physician documented personal illness (of more than 2 days); however an absence from a major exam or OSCE due to an illness must be documented by a physician. Primary source verification may be required for any doctor's note received.
2. Necessary healthcare to maintain physical and mental well-being
3. Legal proceedings with documentation
4. Death or critical illness of an immediate family member
5. Participation in local and national meetings where the student is representing the School of Medicine (generally, this is considered to be students holding School of Medicine office but other forms of representation may also qualify)
6. Personal Days for personal business, weddings, etc. (maximum of two personal days for the entire clerkship curriculum –see below for further details)
7. Observance of a religious holy day (see below for details)
8. Other extraordinary circumstances may be excused in consultation with Academic Affairs.

Additional documentation may be required for repetitive absences, even if excused.

Students with a chronic or recurring medical condition may contact Academic Affairs to document their condition. This will preclude repetitive doctor's notes.

Scheduled classes and conferences are mandatory and take precedence over any clinical or surgical activity.

Personal Days - Students are allowed up to two personal days off during their clerkship/elective curriculum that extends from the completion of the pre-clerkship curriculum through the end of the third year. These days are intended to allow students to tend to personal business, wedding, reunions, or other events that may not fall in the list of the routinely recognized excused absences. Students need to submit the online Clerkship Absence Form to the Clerkship Director to request these personal days, and the request must be approved by the Clerkship Director. Please note that these personal days may not be taken during an OSCE exam, NBME, or other scheduled exam. No half days or hour counts are permitted. While a specific reason for one's personal day is not required, these must be approved in

advance and approval is not guaranteed but will depend on the activities of the team and the number of students off on any given day. Students do not have personal days while in the 4th year and are expected to use administrative time for personal business.

M3 Students must use the online Clerkship Absence Form at <https://medicine.tamhsc.edu/academics/students/absence-forms/m3-absence.html> to request an absence.

Absences, regardless excused or unexcused, totaling 10% or more of the days for a clerkship will require counseling and the development of a remediation plan. If absences exceed 20% of the days required for a clerkship, the student may be required to repeat the clerkship before being promoted to the fourth year. If absences exceed 20% of the days for two clerkships, the student may be required to repeat the entire year, as determined by the Student Promotions Committee. Unauthorized absences may result in a failure of the clerkship, academic probation, or dismissal by the Student Promotions Committee.

Students who are representing the School (generally considered to be in an elected office or presenting a paper) will not be charged personal days during third year, however, they may be requested to make up days missed in excess of 10%.

Note: For Bryan-School Station students in the A&M Integrated Medicine (AIM) program, the 10% and 20% rules will be applied to each quarter of their third year. This will be the equivalent of how the policies are applied to a traditional third year student on fixed length rotations.

To assist you in the interpretation of the 10% and 20% rules, please refer to the following table:

	Student absent ≤ 10% of the clerkship	Student absent > 10% and ≤ 20% of the clerkship: required remediation plan	Student absent > 20% of the clerkship: may be required to repeat the clerkship
6-week clerkships	1 - 3 days	4 - 6 days (remediate 1 - 3 days)	7+ days
8-week clerkships	1 - 4 days	5 - 8 days (remediate 1 - 6 days)	9+ days

M4 Year

The Office of Academic Affairs will approve absences and notify the elective director and coordinator. The student and/or the coordinator will notify the individual attending faculty. Unauthorized absences may result in failure of the rotation, academic probation, or dismissal, as recommended by the Student Promotions Committee.

Students may be granted an excused absence for any of the following reasons:

1. Physician documented personal illness (of more than 2 days); however an absence from a major exam or OSCE due to an illness must be documented by a physician. Primary source verification may be required for any doctor's note received.
2. Necessary healthcare to maintain physical and mental well-being
3. Legal proceedings with documentation
4. Death or critical illness of an immediate family member
5. Participation in local and national meetings where the student is representing the School of Medicine (generally, this is considered to be students holding School some office, but other forms of representation may also qualify)
6. Observance of a religious holy day (see below for details)
7. Interviews
8. Other extraordinary circumstances may be excused in consultation with Academic Affairs.

Documentation may be required for repetitive absences or those with unusual patterns, even if excused.

Students with a chronic or recurring medical condition may contact Academic Affairs to document their condition. This will preclude repetitive doctor's notes.

It is understood that students will frequently require time off during the 4th year to participate in residency placement interviews. Students are encouraged to anticipate this need and to schedule their off-time during the peak interview times of November through January. However, it is understood that this time may not be adequately or appropriately placed to meet all interviewing needs. **Students that require time off from mandatory activities to interview for residency placements should notify their elective administrator and/or attending as well as Academic Affairs at least two weeks in advance if at all possible.** Students may be granted an excused absence for up to two weekdays during a two-week rotation and four weekdays during a 4-week rotation for interview purposes. Students must notify the Office of Academic Affairs in advance for all scheduled interviews that involve being absent from a mandatory activity. If additional time off is needed, a remediation plan should be developed by the student and the elective administrator.

M4 Students must use the online Elective Absence Form at: <https://medicine.tamu.edu/academics/students/absence-forms/index.html> to document absence from a mandatory activity.

Students who miss more than 20% of a 4th year elective for any reason (2 weekdays during a two-week rotation or 4 weekdays for 4 week rotation) will require a remediation plan or repeat of the elective.

ABSENCE POLICIES RELATED TO ALL CLASSES

HOLIDAYS

Students are reminded that the academic calendar for the School of Medicine differs from that of the general University calendar and differs for each academic year. In the event of questions, students should contact the Office of Academic Affairs which maintains all academic and course calendars.

Clinical students are responsible for learning what the respective clerkships require of them on the holidays at any clinical venue. Students should not assume that a national holiday allows them to be away from scheduled rotations. The faculty physician supervising the rotation will be the final authority in deciding whether or not students are required to be present on any calendar day, holiday or otherwise.

PARTICIPATION IN MEETINGS

Student participation in local and national meetings of interest to the School and student body is encouraged. In order to represent the School of Medicine at any meeting or conference, a student must be in good academic standing. Approval for absences should be obtained from the clerkship or elective directors along with filling out an online form for the Office of Academic Affairs for clinical students, and the Office of Academic Affairs for pre-clerkship students. As with all absences, an online request must be submitted and approved.

RELIGIOUS HOLY DAYS

As defined in the Texas State Law, a “religious holy day” means a holy day observed by a religion whose places of worship are exempt from property taxation. The School of Medicine will excuse a student from attending classes or other required activities, including examinations, for the observance of a religious holy day, including travel for that purpose. A student who is absent from classes for the observation of a religious holy day will be allowed to take an examination or complete an assignment scheduled for that day within a reasonable time after the absence. A student must request absence from the class for observance of the holy day. Request for absence must be submitted online to the Office of Academic Affairs. A student who is excused for holy day observance may not be penalized for the absence, but the instructor may appropriately respond if the student fails to satisfactorily complete the assignment or examination in a timely manner.

WEATHER-RELATED MATTERS AND ATTENDANCE

In the case of dangerous weather or road conditions, stay tuned to email and expect announcements from block/course/clerkship and/or Pre-Clerkship leaders about impending plans and/or changes to the schedule. There will be times when inclement weather will strike one or more campuses, but not others. Be aware, campus closure/late start/early dismissal will be campus specific. It is highly advisable to utilize [HSC Alert services](#). You may also access the respective HSC/School of Medicine website for additional details. **Even if your campus is open, if driving conditions between you and the campus are unsafe, do not come. However, you are responsible for notifying the proper personnel at the school of your situation as soon as is practical.**

LEAVE OF ABSENCE

A Leave of Absence (LOA) for a period of time as long as 12 months or one academic year may be granted by the School of Medicine to a student for treatment of a medical condition, maternity or paternity reasons, or other exceptional circumstances. Academic difficulties, in and of themselves, may not be considered a valid reason for requesting a Leave of Absence. The student will usually be expected to repeat any course work deemed incomplete by course directors at the time the Leave of Absence begins. The exact length of the Leave of Absence may vary from case to case; however, it shall not normally exceed one (1) year. Requests to be gone for longer will be handled on a case-by-case basis. Students may initiate a Leave of Absence by submitting a request in writing to the dean for Student Affairs on their campus, along with an explanation of the need for a leave. At the time such a Leave of Absence is proposed, the Student Affairs dean shall define in writing the terms and conditions of the leave and the student's return to medical school. The Student Affairs dean, in consultation with the Senior Associate Dean of Student Affairs, has the final authority to approve the Leave of Absence. The Student Affairs dean may consult with other faculty, administrators, and staff members before granting a Leave of Absence, as needed. Students who do not comply with the terms of their LOA may be considered for dismissal.

Students who go on leave for medical reasons will be required to provide a medical clearance stating they are fit for return to duty and are able to meet the applicable Technical Standards of the School (see Appendix IV). The clearance should also state if the student will require any accommodations upon their return. If so, the student will be responsible for requesting such accommodations through the normal pathways of TAMU Student Disability Resources.

At times, a student may be administratively placed on LOA due to circumstances such as a positive drug screen (see Alcohol and Drug Testing), failure to pass USMLE (see USMLE policy), or other circumstances. In this case, the student will be notified in writing that they have been placed on LOA and the conditions for return to the curriculum will be outlined.

Students who find it necessary to be absent for extended periods of time should discuss the matter with the dean(s) for Student Affairs to see if they are eligible for an LOA. Absences, for any reason, of 30 or more consecutive calendar days during any phase of the medical curriculum may constitute an automatic withdrawal from the School of Medicine. Following such an absence (withdrawal), the student must re-apply for admission into the medical program through the Office of Admissions. Students are encouraged to apply for a leave of absence if extended absences are anticipated. For absences, regardless excused or unexcused, of more than 30 consecutive calendar days of any block/course, the SPC will determine if and how work missed will be made up, including the possibility of requiring a repeat of the course or year.

CLINICAL YEARS

PROGRAM COORDINATORS

There is a Program Coordinator for each clinical clerkship to assist with all clerkship related School of Medicine business. Students should feel free to contact them with any questions concerning a clerkship in their respective area.

CHANGES IN CLINICAL SCHEDULES

Only extraordinary circumstances merit consideration for changing the third year rotation schedule and changes are sparingly permitted. Requests must be made through the Office of Student Affairs and require the approval of the clerkship directors involved in the schedule change.

Fourth Year -

Students will be given an opportunity to request fourth year schedules that meet their individual needs. Requests must have the approval the student's Academic Navigator and/or the dean(s) for Student Affairs. Changes during the fall semester are foreseeable due to difficulties inherent in scheduling off campus electives during the prime interview season.

Schedule changes in the clinical years are allowed: to accommodate an off campus elective, to accommodate a medical-related issues (e.g., illness or pregnancy), to accommodate academic difficulty, a change in specialty preference, or for exceptional circumstances. Requests for changes should be completed a month before the change is to take place. **No change to an elective is allowed within four (4) weeks of the start of the elective** unless an emergency situation arises and changes are approved by the Office of Student Affairs.

A student who begins a fourth-year elective without obtaining prior approval (by completing student initiated elective form and submitting confirmation) may not receive academic credit for that elective experience.

CLINICAL & EDUCATIONAL WORK HOURS POLICY (FORMERLY 'DUTY HOURS')

A. Principles

1. The clerkship must be committed to and be responsible for promoting patient safety and student well-being and to providing a supportive educational environment.
2. The learning objectives of the clerkship must not be compromised by excessive reliance on students to fulfill service obligations.
3. Didactic and clinical education must have priority in the allotment of students' time and energy.
4. Work hours assignments must recognize that faculty, residents, and students collectively have responsibility for the safety and welfare of patients.

B. Work Hours

Clinical & educational work hours are defined as all clinical and academic activities related to the clerkship; i.e., patient care (both inpatient and outpatient), administrative duties relevant to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Work hours do not include reading and preparation time spent away from the work site.

1. Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Students must be provided with one day in seven days free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
3. Adequate time for rest and personal activities must be provided. This should consist of an 8-hour time period provided between all daily duty periods and after in-house call.
4. Strategic napping.

C. On-call Activities

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 16 consecutive hours. Students may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call)
 - a. The frequency of at-home call is not subject to the every-third-night, or 16+4 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each student.
 - b. Students taking at-home call must be provided with one day in seven days completely free from all educational and clinical responsibilities, averaged over a four-week period.
 - c. When students are called into the hospital from home, the hours students spend in-house are counted toward the 80-hour limit.

D. Monitoring

1. Students complete anonymous Clinical & Educational Work Hours questionnaires after each clerkship. They will also complete the questionnaires at the end of 4th year rotations. The only identifiers will be site and rotation.
2. Problems with compliance will be addressed by the clerkship site director or 4th-year elective administrator. Students may report problems to the site director directly, Academic Affairs, or Student Affairs.
3. Chronic or recurring problems with Work Hours will be reported to the department chair/campus dean, and may result in removal of students from that location until problems are corrected.

FACULTY ADVISORS

Our commitment to educating medical students includes providing appropriate counseling and advice to students during their training period. It is important for members of the clinical faculty to assist students in making some very difficult and important decisions that the students must make during the final two years of their medical school experience. Core Specialty Advisors are provided for all students, all years, all campuses who are willing to answer questions about their specialty. Contact info can be found on the Career Advising section of the Medicine website. In the clinical years, part of this function is served by specialty-specific faculty advisors. Students select a member of the clinical faculty to be their primary advisor beginning late fall in their third year. Student Affairs dean serve as advisors, as well.

Selection

Students will be asked to request a faculty advisor based on their specialty choice in late fall of their third year. The Office of Student Affairs maintains a list of faculty members who have agreed to serve in this capacity and have been selected by their department. Faculty members are asked not to serve as advisor for more than 3 students at one time.

Students must notify the Office of Student Affairs of their choice for faculty advisor within the prescribed timeline.

The Initial Meeting

It is generally the responsibility of the students to set up appointments with their faculty advisor. It is recommended that the initial meeting between the student and the advisor be held no later than February-March of the student's third year. At the first meeting, the advisor and the student should get acquainted. The advisor should inquire as to the student's background, special interests and current career goals, and performance to date.

Responsibilities of the Faculty Advisor

It is anticipated that the relationship between the student and the advisor will be mutually enjoyable as well as very helpful for the student. Some students will have extensive contact with their faculty advisor while others will not. Of course, students are free to ask for advice from any member of the clinical faculty at any time. Consequently, there are certain responsibilities that the effective and enthusiastic advisor must be willing to assume.

1. It is important for advisors to be open with students, understanding, friendly, and reasonably accessible.
2. During the third and fourth years the faculty advisor will be asked to review the student's academic progress and performance. The purpose is to discuss areas of strengths and weaknesses, the need for remedial activity, and the student's performance in the context of personal and career goals. If problems are identified, the advisor should help the student find a solution or refer them to the Office for Student Affairs.

3. The faculty advisors are to help the students plan their fourth year schedules, including electives both on and off campus, and timing of rotations. Students will use elective time for a variety of reasons that include augmenting their studies according to areas of perceived interest, career aspirations, or academic weakness; and in getting a first-hand look at possible postgraduate training positions.
4. The advisor are expected to advise students on suitable electives the students select, and therefore, should review their objectives for selecting electives in the context of their academic performance and personal career goals.
5. During the third and fourth years, the faculty advisors will help students plan their future careers. They will also help the student select a postgraduate training position. The advisor should counsel the student regarding possible places to apply for postgraduate training positions, and may be asked to write letters of recommendation for the student.
6. Students should feel free to consult their faculty advisors should problems arise, regardless of the nature of the problem. The faculty advisor will help the student identify the problems and work out a solution, which in many cases is referral to an appropriate individual.
7. There occasionally will be times when the Office of Student Affairs is made aware that a particular student is having problems, and the student will usually be counseled by the dean(s) for Student Affairs. In certain instances, the dean(s) for Student Affairs will inform the faculty advisor concerning the nature of the problem, and also ask the faculty advisor to counsel with the student if it is appropriate. It is important for the faculty advisor to be fully aware of the student's progress, and in most instances to be aware of any problems that arise during the student's time on this campus.

PROFESSIONALISM

Students entering a formal medical education program are expected to uphold and adhere to the ethical and behavioral standards of the profession of medicine. The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to the patients, but also to society, to other health professionals, and to self. The following Code of Ethics adopted by the American Medical Association is not law, but standards of conduct, which define the essentials of honorable behavior for the physician.

- I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals; and shall safeguard patient confidences and privacy, within the constraints of the law.

- V. A physician shall continue to study, apply and advance scientific knowledge; maintain a commitment to medical education; make relevant information available to patients, colleagues, and the public; obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

The development and maintenance of a professional attitude is an ongoing responsibility of each student. The following is not intended to be an exhaustive list of rules or characteristics which should be adhered to or found in a professional, but rather, illustrative of some of the more important ones. Professional behavior derives not from rules or regulations but from a personal commitment to act in a way which serves the best interests of all, e.g. the clients or patients served, colleagues, the profession, and society as well as one's own family and self. Professional behavior is expected of all students.

A professional:

- 1. Is honest in dealing with others and endeavors to be objective and accurate.
- 2. Respects the personal and intellectual property of others and does not take it unlawfully or unethically.
- 3. Respects the feelings and rights of others and treats others with fairness and courtesy.
- 4. Fulfills commitments and promises in a timely, effective manner.
- 5. Actively supports humanitarian institutions that promote the general welfare of society.
- 6. Behaves in a manner that promotes collegial spirit and constructive interaction.
- 7. Refrains from exploiting others and attempts to reach an appropriate balance between altruism and self-interest.
- 8. Acts in a non-discriminatory manner with those of different age, sex, religion, color, national origin, race, sexual orientation, marital status, political belief, and mental or physical handicap.
- 9. Obeys the law, the tenets of their profession, and the rules and regulations of institutions with whom they are affiliated. This would include the Texas A&M University System, Texas A&M University, Health Science Center, School of Medicine, and affiliated hospitals and institutions.
- 10. Comply in a timely manner with the directives issued by administrative officials in the course of their authorized duties.
- 11. Respects the privacy of others and holds in confidence information required by the profession.
- 12. Refrains from fraud, misrepresentation, deception and bearing of false witness.
- 13. Promotes the values and ethics of their profession.
- 14. Recognizes the unequal nature of the professional client (physician - patient) relationship and does not take advantage of the client's (patient's) dependent status.
- 15. Practices good personal health and hygiene.

Evaluation of professional behavior is an integral part of the curriculum and is a factor in assigning grades and determining promotion, retention or dismissal. In the training or learning process, it should be foremost in a student's mind that it is his/her responsibility to deliver quality medical care to the patient. This encompasses many facets including the efficient and appropriate

ordering or diagnostic tests, proper (and economical) therapy, courteous and compassionate handling of the patients and their families throughout the patients' health care experience. A student shall be dedicated to providing competent medical service with compassion and respect for human dignity. In all instances, the student must maintain the dignity of the person, including respect for the patient's modesty and privacy.

The faculty feels that professionalism is of utmost importance and after review of the literature, have compiled a list of characteristics felt necessary in a professional. The characteristics of professionalism will be included in grades throughout the four years of the curriculum. The characteristics include:

Altruism

Responsibility/Reliability/Accountability

Commitment to Competence and Lifelong learning

Honesty/Integrity

Respectfulness

Empathy and Compassion

Most of the responsibilities listed below are mentioned above or elsewhere in this handbook; however, they are expanded here for easy reference by students in the clinical/academic environment. The behaviors discussed here are expected of all students.

ALTRUISM

Medical students and physicians go the “extra mile” without thought of reward and should assist team members when they can. A medical student should be willing to extend oneself but should not overextend to one’s own detriment, nor should they be selfless to the point of taking needless risks.

RESPONSIBILITY/RELIABILITY/ACCOUNTABILITY

Medical students should be prompt for their duties. They should be punctual and meet all deadlines. In addition, medical students and physicians are expected to follow all rules and policies of the hospital, school, state, or federal government.

Medical students are expected to function as a member of the team and should not avoid responsibility or work.

Additionally students should be aware of their own limitations and should seek consultation and supervision whenever their care of a patient may be inadequate because of lack of knowledge and/or experience.

It is the responsibility of the student or the physician to admit errors and to avoid being defensive, making excuses or displacing blame on others.

COMMITTMENT TO COMPETENCE AND LIFELONG LEARNING

The very title "Doctor" -- from the Latin *docere*, "to teach" -- implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

The following are not specific responsibilities of students; they are physicians' responsibilities, although students are frequently asked to take these on.

Students will not, at any time during the medical school experience, have sole responsibility for a patient. No hospital order or prescription will be recognized by the nursing staff or other allied health personnel without the review and co-signature of a physician (house staff or senior staff). It is the student's responsibility to obtain the review and co-signature. It is not the responsibility of the nurse or other allied health personnel to obtain the co-signature.

Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as house staff). Students are encouraged to respond to constructive criticism by appropriate modification of their behavior.

When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

The student will not use alcohol or drugs in a manner that could compromise patient care. It is the responsibility of every student to protect the public from an impaired colleague and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception. Such reports must conform to established institutional policies.

HONESTY /INTEGRITY

Students are expected to demonstrate honesty and integrity in all aspects of their education and in their interactions with patients, staff, faculty, and colleagues. They may not cheat, plagiarize, or assist others in the commission of these acts. The student must assure the accuracy and completeness of his or her part of the medical record and must make a good faith effort to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead others or promote himself or herself at the patient's expense. The student is bound to know, understand, and preserve professional ethics and has a duty to report any breach of these ethics by other students or health care providers through the appropriate channels. The student should understand the protocol of these channels.

A basic principle underlying all research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be well enough

acquainted with the work of their coworkers that they can personally vouch for the integrity of the study and validity of the findings, and must have been active in the research itself.

Plagiarism is unethical. To consciously incorporate the words of others, either verbatim or through paraphrasing, without appropriate acknowledgment is unacceptable in scientific literature.

Specific information regarding an Objective Structured Clinical Exam (OSCE) or National Board Shelf Exam will not be discussed, copied, disseminated, or shared by students.

A student should accurately represent herself or himself to patients and others on the medical team. Students should never introduce themselves as "Doctor" as this is clearly a misrepresentation of the student's position, knowledge, and authority. Students are to understand the importance of the obligation to obtain informed consent from patients, but are not responsible for obtaining such consent. It is the physician's responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient's medical condition, the objectives of proposed treatments, treatment alternatives, and risks involved. The physician's presentation should be understandable and unbiased. The patient's or surrogate's concurrence must be obtained without coercion.

In general, full disclosure is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision-making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient's authorized representative.

RESPECTFULNESS

The medical student will deal with professionals, staff, and peer members of the health team in a cooperative and considerate manner.

Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community.

It is unethical and harmful for a student to disparage, without good evidence, the professional competence, knowledge, qualifications, or services of a colleague to a review (judicial) body, staff, students, or a patient. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.

The patient's right to the confidentiality of his or her medical record is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution, nor is photocopying of the record permitted. For presentations or rounds, students are permitted to extract information but not copy wholesale parts of the chart. All aspects of patient care are confidential. This includes the electronic medical record, paper information/chart and lab. Student is not to access others' medical information inappropriately.

It is mandatory that students not release any information about a patient to any unauthorized individual or organization. Authorized individuals include the immediate members of the health care delivery team;

i.e., house staff physician, medical staff physician, nursing or allied health staff directly involved with the care of that particular patient. Discussion of a patient problem should be conducted in the appropriate confines of a conference room or physician's office. At no time should the condition of a patient be discussed in an elevator or a public area of the hospital. Students should not debate the treatment plan of a patient, whether in writing (i.e., on the patient's medical chart), or verbally (i.e., in public); nor should students exhibit frustration or disagreement with a peer's medical plan in the presence of the patient.

Students should also respect each other's confidentiality by not discussing the performance of their classmates, particularly with residents.

It is unethical for a student to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, or sexual preference. It is also unethical to refuse to participate in the care of a patient solely because of medical risk, or perceived risk, to the student. It is not, however, unethical for the pregnant student to refuse to participate in activities that pose a significant risk to her fetus.

The student should be thoughtful and professional when interacting with patients and their families. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones.

All patients and their families will be treated with proper respect and compassion. Respect requires appropriate professional behavior at all times when students are near the patient and his/her family.

Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served. Men are expected to wear tie, shirt and slacks; women should wear clothing similarly appropriate for a professional appearance. Students on clinical rotations are expected to wear short white jackets, with a school patch and nametag. Students are expected to be on time for all activities.

Students are prohibited from wearing surgical scrub clothes outside the hospital. Removing scrub clothes from hospital premises will subject students to disciplinary action.

Under pressure of fatigue, professional stress, or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate.

The student will not engage in romantic, sexual, or other nonprofessional relationships with a patient, even at the apparent request of a patient, while the student is involved with the patient's care. The student is expected to not tolerate inappropriate sexual behavior on the part of other medical personnel or patients.

EMPATHY AND COMPASSION

A physician is sensitive to the world of the patient and is able to put his or her self "in the other's shoes" while remaining objective. A physician should consider and respect the social factors that affect the health of patients and should strive to address the fear and suffering of patients and their families in a warm, engaged and sensitive manner. Likewise, a physician strives to deliver bad news with compassion and understanding.

DRESS CODE

Appropriate dress is considered a professional responsibility for all students when seeing patients or interacting with the public. Not only is it a sign of respect, but appropriate dress helps to foster trust in one's patients and is expected by your attending. As a physician in training, you serve as a role model to many. Guidelines for appropriate dress were developed by the student body and they are consistent with the guidelines of our major clinical affiliation. They are attached in Appendix II. Notwithstanding these policies, dress codes may vary in different clinical settings and the student should comply with the applicable standards for the site they are at.

LEARNING ENVIRONMENT ENRICHMENT PROGRAM

The Learning Environment Enrichment Program (LEEP) is an initiative housed within the Office of Medical Education focused on fostering a mutual commitment for cultivating a professional and dynamic learning environment dedicated to the Aggie Core Values of excellence, integrity, leadership, loyalty, respect, and selfless service. Under the guidance of the Director of the Learning Environment and Medicine Executive Associate Dean or designee, LEEP consists of, but is not limited to, (a) Aggie Conduct Awareness and professionalism websites; (b) conduct reporting, and awareness, system; (c) faculty and staff ombudsman; and (d) Cup of Coffee peer awareness messengers.

The Aggie Awareness and professionalism websites serve to help educate the members of our community on our community expectations regarding our core values as well as what conduct is expected and prohibited. The Aggie Awareness website provides a centralized, and widely-accessible, method to monitor the learning environment in, "real time" through the Aggie Conduct Awareness form which any member of the School of Medicine (faculty, staff, and students) can submit a report for an exemplary or concerning conduct for any member of the School of Medicine. Once a report is submitted, it promptly moves through a collaboratively developed process. In general, the reporting, or awareness, process consists of: 1) submitting a report; 2) the report is immediately is directed to a rapid response team; 3) the rapid response team collaboratively, and quickly, determines initial actions (e.g., peer messenger); and 4) an after action report is submitted and looped to a larger committee tasked with monitoring the learning environment. Concerns that related to Title VII, Title IX, or risk, fraud, and misconduct are separate from this process and directed the pertinent departments at Texas A&M University and Texas A&M University System. (See Appendix XI of this Handbook for more information).

Faculty and staff ombudsman serve as impartial and neutral sounding boards/resources regarding concerns of faculty and staff within the learning environment. Lastly, Cup of Coffee peer messengers help raise awareness of concerning conduct by delivering first, or second, time concerning reports to the person named in the report. The peer messenger does not investigate the facts about the report, communicate or infer credibility of the report, advise the peer, attempt to fix the issue, or engage in pushback regarding the receiver's perceptions of the report.

The bodies within the LEEP include the Enrichment Committee (LEEC), the Rapid Response Team (LERRT), the Support Team (LEST), and the Ad Hoc Mistreatment Team. The LEEC is the overarching body made up of key personnel such as representatives from Student Affairs, Academic Affairs, staff, faculty, and Human Resources. LEEC serves as a clearinghouse for reports that come in through various inputs (e.g., Aggie Conduct Awareness form, direct reporting) and move through the awareness process. These reports are looped back to the LEEC to increase institutional awareness of the

learning environment and advise the LEEP by affirming or suggesting approaches to recognizing exemplary members as well as addressing emerging issues or patterns. The LERRT is made up of a subset of members from the LEEC and is tasked with quickly reviewing, and directing, conduct reports to the appropriate process or entity (e.g., Student Promotions Committee). In addition, the LERRT communicates and coordinates with the LEEC to ensure that these concerns are handled in an appropriate and timely manner. At the direction of the LEEC or the LERRT, the LEST coordinates the professional remediation of students. LEST will also inform or, if requested, advise the entity, unit, or supervisors in regards to the professional remediation of faculty and staff. If a report of student mistreatment is submitted, it is immediately directed to the LERRT and then promptly to the Senior Associate Dean of Faculty Affairs (SADFA) who may form an Ad Hoc Mistreatment Team to investigate, and report on, the claim (See Appendix IX).

NOTIFICATION OF ARRESTS/CONVICTIONS

Adherence to the law is considered a fundamental professional responsibility. Students must notify the School of Medicine Office of Student Affairs of any arrests or convictions within five (5) working days after charge of an offense. Failure to do so, or subsequent notification during a required background check, or knowledge obtain by other means, may result in disciplinary action, up to and including dismissal.

SCHOOL OF MEDICINE HONOR CODE

The following honor code was constructed by our student body. It was approved by the student body and the Academic Council of the School of Medicine. This outlines the behavior expected of all Texas A&M medical students. It does not supplant Aggie Values or the Aggie Honor Code, but adds to them.

A Texas A&M Medical Student is a professional who exhibits leadership, honesty, integrity, compassion, respect and self-discipline.

STUDENT CODE OF CONDUCT

- I) Students shall be committed to uphold the standards of professionalism stated in this Handbook and in the Honor Code.
- II) All students are expected and required to obey Federal, state and local laws and to comply with rules of the TAMUS Board of Regents, rules of TAMU and rules of the HSC. Any disciplinary action imposed by the School of Medicine may precede or follow a course independent of, and may be in addition to, any penalty imposed by any off-campus authority. The judgment and action of the School of Medicine relates to the violation as an index of professional behavior and fitness for the role as a physician rather than as a criminal or civil offense.
 - A) Students must notify the School of Medicine (Office of Student Affairs) of any citations, arrests or convictions (other than minor traffic violations) within five (5) business days (based on Medicine Academic Calendar) after charge of an offense. Failure to do so and subsequent

notification during a required background check or knowledge obtained by other means may result in disciplinary action including dismissal.

- B) If at the time of graduation unresolved criminal charges or proceedings are pending against a student which, in the opinion of the Senior Associate Dean of Academic Affairs (SAD-AA), if sustained, would prevent the university from conferring a degree of medicine, the SAD-AA shall withhold the degree until such time the matter is resolved. An appeal of this decision may be made to the Dean for cause. The Dean's decision will be final. In the event the student is exonerated or the charges are dropped, the degree will be conferred.

III) Definitions. When used in this code:

- A) The term "premises" means buildings or grounds owned, leased, operated, controlled or supervised by Texas A&M University (TAMU), the HSC, Scott & White facility in Temple, Baylor University Medical Center in Dallas, VA Hospital or other clinical affiliate of the medical school.
- B) The term "University-sponsored activity" means any activity on or off campus that is initiated, aided, authorized or supervised by the University.
- C) The term "University" or "institution" are intended to include the School of Medicine, TAMU, and the HSC.
- D) The term "University official" means any administrator, faculty member, staff member and other authorized individuals of the University.

IV) Misconduct for which students are subject to discipline is outlined, but not limited to the categories below:

A) **Acts of dishonesty**, including but not limited to:

1) **Academic dishonesty**, including but not limited to:

- (a) copying or other use of any unauthorized assistance in taking quizzes, tests, or examinations,
 - (i) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments,
 - (ii) the acquisition, without permission, of tests or other academic material belonging to a faculty member, staff member or student of the HSC, or
 - (iii) any other act designed to give a student an unfair advantage.
- (b) The term plagiarism includes but it not limited to:

- (i) the knowing or negligent use of paraphrase or direct quotation of the published or unpublished work of another person without full and clear acknowledgement and
 - (ii) the knowing or negligent unacknowledged use of materials prepared by another person or by an agency engaged in the selling of term papers or other academic materials.
- 2) **Furnishing false or misleading information** to any University office, official, faculty member, staff member, or student acting in an official capacity, or giving false or misleading testimony or other falsified evidence at any campus disciplinary proceeding.
 - 3) **Forgery, alteration, falsification or misuse** of any University document, record, or instrument of identification.
 - 4) **Tampering with the election** of any University recognized student organization.
 - 5) **Attempted or actual theft** and/or damage to property of a member of the University community or other personal or public property.

- 6) **Unauthorized possession, duplication, or use of keys** to any University premises or unauthorized entry to or use of University premises.
- 7) **Conspiring, planning or attempting** to achieve any of the above acts.
- 8) **Failure to report violations** of the code.
- B) **Disruption or obstruction** of teaching, research, administrative, or disciplinary proceedings of the University. This includes public service or other authorized University activities on or off the University premises.
- C) **Physical abuse, verbal abuse, threats, intimidation, harassment, coercion** and/or other conduct, which threatens or endangers the health or safety of any person. Speech protected by the first amendment is not a violation of this provision, although fighting words and statements, which reasonably threaten or endanger the health or safety of any person are not protected speech.
- D) **Hazing** defined as an act which endangers the mental or physical health or safety of a student for purpose of initiation, admission into, affiliation with, or as a condition for continued membership in a group or organization.
- E) **Illegal or unauthorized possession of firearms, explosives, other weapons or dangerous chemicals** on University premises.
- F) **Illegal use, possession or distribution of narcotics** or other controlled substances, except as expressly permitted by law.
- G) **Use, possession or distribution of alcoholic beverages**, except as expressly permitted by the law, University regulations, or public intoxication.
- H) **Participation in a campus demonstration disrupting the normal operations** of the University and infringing on the rights of other members of the University community; leading or inciting others to disrupt scheduled and/or normal activities within any campus building or area; intentional obstruction which reasonably interferes with freedom of movement, either pedestrian or vehicular, on campus.
- I) **Obstruction of the free flow of the pedestrian or vehicular traffic** on University premises or School, University or HSC sponsored or supervised function.
- J) **Conduct which is disorderly, lewd, or indecent**; breach of peace; or aiding, abetting or procuring another person to breach the peace on University premises or at functions sponsored by them.
- K) **Breach of computer security** or unauthorized use of computer facilities, including but not limited to:
 - 1) Unauthorized entry into a file, to use, read, or change the contents, or for any other purpose.
 - 2) Unauthorized transfer or copy of a file.
 - 3) Unauthorized use of another individual's identification and password.
 - 4) Use of computing facilities to interfere with the work of another student, faculty member or University official.
 - 5) Use of computing facilities to send obscene or abusive messages.
 - 6) Use of computing facilities to interfere with normal operation of the University computing system.
 - 7) Negligence in protecting passwords.
- L) **Abuse of the Judicial System**, including but not limited to:
 - 1) Failure to obey the summons of a judicial body or University official.
 - 2) Falsification, distortion, or misrepresentation of information before a judicial body.
 - 3) Disruption or interference with the orderly conduct of a judicial proceeding.
 - 4) Institution of a judicial proceeding knowingly without cause.

- 5) Attempting to discourage an individual's proper participation in, or use of, the judicial system.
 - 6) Attempting to influence the impartiality of a member of a judicial body or witnesses prior to, during, and/or after a judicial proceeding.
 - 7) Harassment (verbal or physical) and/or intimidation of a member of a judicial body prior to, during and/or after a judicial proceeding.
 - 8) Failure to comply with the sanction(s) imposed under the Student Code.
 - 9) Influencing or attempting to influence another person to commit an abuse of the judicial system.
- M) Malicious treatment, harassment, threat or intimidation of others, including sexual harassment.** "Sexual harassment may be defined as sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic success, (2) submission to or rejection of such conduct by an individual is used as a basis for employment or academic decision affecting such an individual, or (3) such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive work or academic environment.
- 1) Examples of sexual harassment include: unwelcome sexual advances, favoritism, based upon gender, sexist jokes or slurs, the exchange of rewards for sexual favors, and malicious gossip or rumors. Sexual harassment also encompasses the use of sexist teaching materials, denied opportunities or poor evaluations because of gender, and punitive measures based upon the refusal of sexual advances.
- N) Destroying, damaging or littering** property belonging to the University or any affiliated institution or another person.
- O) Misconduct relating to official obligations.**
- 1) Issuance of check without sufficient funds.
 - 2) Failure to fulfill financial obligations to the University.
 - 3) Failure to fulfill other legally binding obligations to the University.
 - 4) Failure to comply with reasonable directions of University officials or law enforcement officers acting in performance of their duties and/or failure to identify oneself to these persons when requested to do so.
- P) Behavior, which is determined to be unprofessional.**

Serious violations of the Student Code of Conduct may warrant dismissal from the School of Medicine. The procedures for investigating and adjudicating allegations of unprofessional behavior, academic dishonesty, or violations of the Student Code of Conduct are discussed in Appendix III, Discipline Code. Violations in the Student Code of Conduct may be reported to the TAMU Aggie Honor System Office or other appropriate University entity for monitoring or additional sanctions by the University. Title IX and related sexual harassment incidents should be reported to the TAMU Office of Civil Rights & Equity Investigations. See Appendix XI of this Handbook for further details.

MISTREATMENT POLICY & PROCEDURES

The School of Medicine will endeavor to provide a living and learning environment in which students can meet their academic goals. The School has the responsibility of providing students with a clear understanding of its academic requirements, which are generally set forth in writing in the School catalogue and University Regulations.

The School will determine, publish and make known its rules and regulations concerning student conduct. The School has the right to determine when its rules are violated and to determine the appropriate course of action. By enrolling in the Texas A&M University Health Science Center School of Medicine, students accept the responsibility of complying with the School's authority, to respect the rights of others, and to protect private and public property.

Every student has the right to all the privileges, prestige and honors accruing to a student of this School. Students retain the rights guaranteed under the Constitution of the United States, the right to pursue an education and to receive a degree or certificate for the successful completion of its requirements.

Students are expected to conduct themselves in a professional manner, to adhere to the Student Code of Conduct and to obey the law. Students should be knowledgeable of and abide by the specific applicable University regulations and passages of State and Federal law, School of Medicine of which are provided in the Appendix.

The basis for the teacher/learner relationship is mutual respect. Both parties are required to be sensitive to the needs of others as well as to differences in gender, race, sexual orientation, religion, age or disability. Belittlement, intimidation and humiliation are considered counterproductive to the learning process and serve to undermine self-esteem. Intimidation as a teaching strategy is also inappropriate.

In 2019, the School developed a learning compact between teachers and learners to clarify what was expected of each and what those expectations were based upon. All were invited to sign their commitment the Learning Compact that is listed below.

Texas A&M University School of Medicine *Learning Compact*

As an institution of medical education, Texas A&M University School of Medicine's mission is to improve the health and well-being of the people of Texas through excellence in education, research and health care delivery. Our vision is to develop the innovators and leaders in medicine and biomedical research who will transform American medicine in the 21st century. With our mission and vision at the forefront, the following *Learning Compact* serves as a pledge and reminder of the mutual commitment of the members of our community (faculty, staff, residents, and students) to create a dynamic learning environment that fosters the acquisition of knowledge, skills, and attitudes critical to promoting excellence in medical practice. More specifically, it is the conduct of our members that serves as *the* medium through which the medical profession perpetuates its standards and inculcates its ethical values.

The basis for the *Learning Compact* is the mutual commitment to mutual respect. Members should be sensitive to the needs of others as well as, but not limited to, differences in gender, race, sexual orientation, religion, age or disability. Belittlement, intimidation and humiliation are considered counterproductive to the learning process and serve to undermine the learning environment.

ENROLLED STUDENTS

In regards to enrolled students, the School will endeavor to provide a learning environment in which they can meet their academic goals. The School has the responsibility of providing

students with a clear understanding of its academic requirements, which are generally set forth in writing in the School's catalogue and Texas A&M University [regulations](#). The School of Medicine will determine, publish and make known its rules and regulations concerning student conduct, and the School has the right to determine when its rules are violated and to determine the appropriate course of action. By enrolling in the Texas A&M University School of Medicine, students accept the responsibility of complying with the School's authority, to respect the rights of others, and to protect private and public property.

Every student has the right to all the privileges, prestige and honors accruing to a student of this School. Students retain the rights guaranteed under the Constitution of the United States, the right to pursue an education and to receive a degree or certificate for the successful completion of its requirements. Students are expected to conduct themselves in a professional manner, to adhere to the University's [Code of Conduct](#) and to obey the law. Students should be knowledgeable of, and abide by, the specific applicable University regulations and passages of State and Federal law.

CORE VALUES

As a School within Texas A&M University, all of the members of our community are responsible for exemplifying the core values established by the flagship university. These values include **excellence, integrity, leadership, loyalty, respect, and selfless service** with the purpose of developing, "leaders of character dedicated to serving the greater good."

GUIDING PRINCIPLES

"An Aggie does not lie, cheat or steal, or tolerate those who do." Our honor code succinctly illustrates the high standards of our University and our School of Medicine. The following principles of professionalism guide our members during all exchanges including, but not limited to, face-to-face and telephone/teleconference meetings, texting, video, email, and social networking technologies. As teachers and learners, faculty, staff, students, and residents must recognize our responsibility to model professionalism to the each other as well as to patients, other health professionals, and society. The principles of professionalism that guide our community include **altruism, responsibility/reliability/accountability, commitment to competence and lifelong learning, honesty/integrity, respectfulness, and empathy and compassion.**

Altruism. As members of our community, we go the "extra mile" without thought of reward and should assist team members when we can while ensuring that patient wellbeing is always the priority.

Responsibility/reliability/accountability. We should be prompt for our duties and be punctual in meeting all deadlines. We are also expected to follow all rules and policies of the hospital, school, state, and federal government. In addition, we should be aware of our own limitations and should seek consultation and supervision whenever needed. Lastly, it is our responsibility to admit errors and to avoid being defensive, making excuses, or displacing blame on others.

Commitment to competence and lifelong learning. It is incumbent upon those involved in the training of physicians, especially for those entering the medical profession, to model this commitment to excellence through competence and lifelong learning.

Honesty/integrity. We are expected to demonstrate honesty and integrity in all interactions with each other and persons associated with our institution (e.g., patients). We should not engage in academic misconduct ([20.1.2.3](#)), or assist others in the commission of these acts. We should be willing to admit errors and not knowingly mislead others or promote ourselves at the expense of others. Lastly, we have a duty, and responsibility for understanding the means, to report any breach of these ethics by any member of, or associated with, our community.

Respectfulness. We should be thoughtful and professional with members of our community as well as those associated with our community.

Empathy and compassion. We should be cognizant of the perspective of others. We should consider, and respect, the social factors that affect the lives of others. We should strive to address such social factors in a warm, engaged, and sensitive manner.

COMMITMENTS OF THE MEMBERS OF OUR COMMUNITY

The members of our Texas A&M University School of Medicine community are committed to fostering a learning environment that promotes:

- Embodiment of [Aggie core values](#), our principles of professionalism, and adherence to our School's mission and vision.
- Non-discrimination by intentionally cultivating an inclusive learning environment that does not discriminate based on race, sex, gender, sexual orientation, age, religion, or disability.
- Professionalism by treating members in an appropriate manner. We believe in the critical importance of modeling that which we expect of others.
- The University's [honor system rules](#). Members are willing to admit errors, not knowingly mislead others, and use such instances as learning opportunities.
- A community free of sexual misconduct by understanding that members are held to standards established by the University.
- Intolerance of mistreatment which could include, but is not limited to, belittlement, inappropriate tasks, sexual harassment, ethnic, sexual orientation, or gender insensitivity, physical abuse, or religious intolerance. Furthermore, members are also committed to continually contributing to a climate of mutual respect for all persons.
- Excellence through continuous improvement by being open, and responsive, to constructive feedback by appropriately accepting responsibility and modifying identified behavior. Members promote excellence by, but not limited to, supporting the personal and professional development of other members, as applicable.
- Inclusion of enrolled students and residents whenever possible in hands-on and engaging learning opportunities in order to create a positive learning environment.

Members also promote inclusion by, but not limited to, positive reinforcement, creating learning opportunities, and facilitating appropriate responsibilities for students and residents.

EVALUATION OF BREACHES IN THE CODE OF CONDUCT IN THE TEACHER-LEARNER RELATIONSHIP

Any student or faculty member who has concerns about breaches in the code of conduct should notify the School of Medicine for evaluation of the issue. Students should feel free to report episodes of abuse without fear of retaliation. Every effort will be afforded a student or faculty member's request for anonymity, however, anonymity cannot be guaranteed for formal investigations/ hearings. Issues of academic dishonesty, unprofessional behavior, and similar issues may also be discussed by the Student Promotions Committee, Aggie Honor Council, by a disciplinary hearing board, or other appropriate School of Medicine or University entity, if appropriate.

The School will also conduct periodic professionalism and mistreatment surveys. This and the AAMC Year Two and Graduation Questionnaires will be used to help assess the learning environment in the School of Medicine and report to the Dean.

REPORTING STUDENT MISTREATMENT

Students may report mistreatment through several avenues:

1. Student Advocates
2. Any School of Medicine Academic Affairs Dean or staff of the Office of Academic Affairs
3. Texas A&M University [TELL SOMEBODY](#) program
4. Department (clerkship director, department chair, campus dean if applicable)
5. End of course/clerkship evaluation feedback
6. School of Medicine Reporting Student Mistreatment website – <https://medicine.tamu.edu/about/professionalism/conduct-awareness.html#tab-panel-5>
7. Any School of Medicine Student Affairs Dean or staff of the Office of Student Affairs

PROCESS FOR STUDENT MISTREATMENT COMPLAINTS

The internal policy process outlined below addresses student mistreatment involving School of Medicine faculty. However, a student may experience mistreatment from the School's staff, affiliate faculty, staff, residents, students, patients, or others. These instances will be discussed in section V and VI of appendix IX attached to this handbook.

Complaints relating to student mistreatment by Medicine faculty and staff submitted through, but not limited to, the avenues listed above, except Texas A&M University's [TELL SOMEBODY](#) report, will be immediately directed to the Learning Environment Rapid Response Team (LERRT) who reviews the complaints for explicit wording or situations (categorical assessment) aligned with the definition of student mistreatment and promptly forwards it to the Senior Associate Dean of Faculty Affairs (SADFA). Complaints about student-to-student mistreatment are directed to the pertinent unit (e.g.,

Student Affairs), personnel (e.g., Campus Dean), or entity (e.g., Student Promotions Committee) for further action. Upon receipt of a claim not violating University Rule [08.01.01.M1](#) from a student reporting mistreatment, the Senior Associate Dean of Faculty Affairs (SADFA), in consultation with the Executive Associate Dean (EAD), Senior Associate Dean of Academic Affairs (SADAA) and the Senior Associate Dean of Student Affairs (SADSA) will review the complaint. The foregoing group will appoint a representative to acknowledge receipt of the complaint as well as general notification of finalization of review or inquiry; if complainant voluntarily discloses identity making this possible. In any claim alleging violation of civil rights under University Rule [08.01.01.M1](#), the claim shall be immediately reported to Civil Rights and Equity Investigations within Texas A&M University's Office of Risk, Ethics, and Compliance. No further action shall take place under this mistreatment policy without coordination with Civil Rights and Equity Investigations.

The SADFA may convene the Inquiry Mistreatment Committee (IMC) for inquiry into the alleged mistreatment. The SADAA and SADSA will be notified of the need for an inquiry. Claims will be investigated with privacy, maintaining complainant anonymity to the extent possible, but in some cases, anonymity cannot be guaranteed. [State law](#) determines anonymity/confidentiality. Anonymous claims will be logged and investigated to the extent possible; however, without the ability to obtain additional information from the complainant/reporter, it is difficult to process such inquiries.

The Inquiry Mistreatment Committee (IMC) will conduct the inquiry. The IMC is a standing committee of faculty and staff charged to investigate if evidence of the alleged mistreatment exists. The committee shall prepare a written report stating the evidence reviewed, summarizing relevant interviews, and including any conclusions reached as a result of the inquiry. The SADFA will review the IMC's report which may include a plan of action to resolve the issue. The respondent will be given a copy of the inquiry report, and will have five (5) business days to provide any comments. Their comments shall be made a part of the record. The written report from the inquiry shall be forwarded to the SADFA will make recommendations as appropriate, then will forward the report to the Department Head for Medicine faculty or the appropriate Campus Dean in the case of affiliate faculty. If the findings of the inquiry provide sufficient basis for a violation of the *Learning Compact*, appropriate sanctions, up to and including loss of appointment and/or employment, will be enacted by the Department Head for Medicine faculty, the appropriate Campus Dean for affiliate faculty, and the pertinent department (e.g., Human Resources) and/or personnel (e.g., supervisor) for School of Medicine staff. See section VIII of appendix IX for a diagram of the student mistreatment process.

For more information, please see the School of Medicine policies online or appendix IX attached to this handbook. The School will also conduct periodic Professionalism and Mistreatment surveys. This, and the AAMC Year Two and Graduation Questionnaires, will be used to help assess the learning environment in the School of Medicine and report to various stakeholders (e.g., School of Medicine Dean).

AWARDS AND HONORS

GRADUATION WITH HONORS

Students who have completed the medical school curriculum with a grade point average of 3.50 or above and who have had no professional breaches of the honor code will be named as honors graduates.

TAMU does not round up final GPA to determine honor graduates. Students who entered the curriculum with advanced standing (transfer students) are not eligible to be named honors graduates.

ALPHA OMEGA ALPHA

Membership in Alpha Omega Alpha (AOA) Medical Honor Society is based on scholastic excellence, integrity, capacity for leadership, compassion and fairness. The number of students elected cannot exceed 20% of the total number in the class expected to graduate. Students will be selected by the Eta Chapter (local AOA Chapter) according to their criteria. The top 25% of the graduating class, based on class rank, is eligible for consideration for the AOA selection.

Beginning with the Class of 2025, since class ranks will be determined solely on one's clerkship grades, there will be only one determination of AOA election, done early fall in the fourth year after all clerkships have been completed.

HELEN SALYER ANDERSON AWARD

The Helen Salyer Anderson award is presented to the outstanding senior for the highest achievement in four years of medical school. The award consists of a plaque, a medallion, and a monetary award. The recipient is selected by the Academic Council of the School of Medicine. The award was established in 1980 by Frank G. Anderson, Jr., M.D., in honor of his mother, Helen Salyer Anderson. This is the only School of Medicine award given at the Commencement Ceremony.

II. STUDENT SERVICES

OFFICE OF STUDENT AFFAIRS

The Office of Student Affairs is responsible for assisting students with academic, personal and social matters; and functions as a point of reference for general information, counseling and student health insurance. The staff is willing to assist students with questions or problems.

ACADEMIC SUPPORT AND TUTORING

The services of Academic Support Specialists is available to all students enrolled in the School of Medicine to enhance learning abilities in the curriculum. Academic Navigators are also part of this office and assist students in academic advising and scheduling. Routine seminars on learning styles and study skills will be conducted, especially during the earlier phases of the curriculum. In addition, academic tutoring is available through the individual course instructors, and for some courses through the Office of Academic Support. Contact Medicine Academic Support Services or the dean(s) of Student Affairs if you feel in need of any of these services.

COUNSELING

Counseling is viewed as a responsibility of the School of Medicine and is available for students with academic, psychological and other personal concerns. Students may seek counsel from individual faculty members at any time. Counseling services are available in broad categories described below.

GENERAL COUNSELING

Counseling is available from a number of sources within the School of Medicine. Associate and assistant deans, department heads, and faculty are available for consultation and are prepared to offer assistance to students when required. Additionally, during the third and fourth years, students are assigned a faculty advisor with whom they can meet and discuss choices of electives, residency training, and other career decisions.

PERSONAL COUNSELING

The School of Medicine has contracted with local, private counselors to provide access to confidential short-term personal counseling, at no cost to the student. Students on some campuses have the option of confidential Telehealth visits with personnel in the Medicine Department of Psychiatry. The School will pay for up to nine sessions per academic year at approved locations. Any sessions in excess of the nine allowed will be at the expense of the student. Students on the BCS campus may also use the TAMU Counseling and Psychological Services (CAPS). The student is also free to go a counselor of their choosing, at their own expense. These counselors are independent contractors who act as agents of the student, not of the school. Counseling received is strictly between the student and counselor. **All students may use the TAMU TELUS app (formerly mySSP) for mental health resources and for 24/7 access to an online counselor.**

For specific contact info of counselors for each campus, go to one of the following:

- School of Medicine Student Services Guide
<https://medicine.tamu.edu/academics/students/docs/student-services-guide.pdf>
- Student Affairs office on your campus
- Class Student Advocates

Students may select counselors other than those provided by the School of Medicine, but payment for counseling will be the responsibility of the student. Students whose problems require prolonged or more in-depth psychotherapy, more in-depth psychological testing, or who have psychiatric emergencies requiring immediate stabilization will be responsible for costs of diagnosis and therapy, although portions of the cost of therapy may be covered by their insurance policy, if authorized in advance. Records of student counseling sessions with counselors contracted by the School of Medicine are strictly confidential and will not be shared with the School, and will not become part of the student's record. Only in the case of a mandated psychological evaluation and a properly executed release by the student will any personal information be shared with the School.

All currently enrolled students on the Bryan/School Station Campus are also eligible for counseling from TAMU Counseling & Psychological Services (<http://caps.tamu.edu/>). Its offices are located in the Student Services Building on the TAMU Main Campus, adjacent to the MSC and Rudder

Tower. Appointments may be made online or by calling (979) 845-4427. Services hours are Monday – Friday from 8 am – 5 pm, excluding holidays. Emergent walk in help is available during normal operating hours. After hours, a Help Line is available for assistance by calling 979-845-2700. There is now an online telehealth option available to all students, regardless of campus location. Download the TELUS Health Student Support app (formerly mySSP) at <https://caps.tamu.edu/studentsupport/> .

Students on any of our campuses, or even if in another state, may use the TELUS Health app to talk with a counselor 24/7 or use our TAMU Department of Psychiatry telehealth service. See the online Student Services Guide for contact details.

DISABILITY COUNSELING

Students requesting accommodations for a disability should consult the TAMU Office for Disability Resources at (979)845-1637. Any students with concerns or questions should use this service. Further information can be found at <http://disability.tamu.edu>. It is the responsibility of the student to seek out and inquire about these services, if they feel a need may exist. No accommodations are generally granted without first registering with the TAMU Office of Disability Resources.

REQUIRED COUNSELING

On rare occasions, the Student Promotions Committee or the Office of Student Affairs may determine that a student's emotional status may impinge upon that student's ability to complete formal academic course work or to relate to patients. In such cases, a formal evaluation may be required to determine fitness for duty. The health care provider may be selected by the Office of Student Affairs. Written clearance will be sent to the Office of Student Affairs. The School of Medicine reserves the right to be assured of a student's fitness to continue the medical education program.

FINANCIAL AID

Admission is granted to students without regard to their financial status. Satisfactory academic progress is a term generally used in determining eligibility for continuing financial aid to a student. Maintenance of acceptable grades and a maximum limit of six years (excluding LOA) to complete the M.D. program are only a few of the details considered in determining if a student is making satisfactory progress. Generally a student must maintain a minimum of qualitative progress as measured by the Student Promotions Committee. (See Appendix I). Financial aid for all Medicine students is administrated by the TAMU Office of Scholarships and Financial Aid. **School of Medicine students should contact this office by initially emailing hscfinancialaid@tamu.edu . This will take you directly to a group within this office that specializes in handling professional students like you. Once contacted, you can may set up a time to visit with them. They are glad to do so via phone, in person, or other electronic means.**

Scholarships & Financial Aid

The mission of Scholarships & Financial Aid is to provide students with information and financial resources to attend Texas A&M University, along with support programs that promote higher education and developmental opportunities. As a part of this commitment, we strive to provide financial solutions to students at all income levels and with varying academic, merit and leadership qualifications.

Need-based financial assistance programs are designed for all students who have a demonstrated financial need, as defined by the Free Application for Federal Student Aid (FAFSA), in order to assist the student in paying School expenses. All financial aid is contingent upon student enrollment and making Satisfactory Academic Progress (SAP), as defined by Scholarships & Financial Aid or the specific aid program.

Financial aid has two forms: gift aid and self-help.

Gift Aid	Self-Help
Grants (Federal, State, Institutional)	Loans (Federal, State, Institutional, Alternative)
Scholarships	Student Employment (Work Study, Part-time Employment, Internships, Assistantships)
Non-resident Tuition Waivers	

Texas A&M University's packaging philosophy for need-based financial aid is to provide the greatest amount of gift aid to those students with the highest demonstrated need and to keep loan liability to a minimum. Financial aid is awarded on a first-come, first-served basis with a published priority date of March 15 prior to the fall semester for which the student is seeking aid. Financial aid offers are made based on the assumption that students will enroll full-time in the fall and spring semesters. Cost of attendance and awards will be adjusted for graduate and professional students who are enrolled less than full-time at Texas A&M University (as defined by academic program/level).

To apply for financial assistance, a student must submit a FAFSA. Students are encouraged to submit their FAFSA online at www.fafsa.gov as soon as possible. Only those students who have been accepted for admissions and whose FAFSA and other documents requested by Scholarships & Financial Aid are on file will be sent a financial aid offer.

Please visit our [website](#) for the most current information on programs and any associated deadlines.

Loan Programs

The Federal Direct Loan Programs are available to students who have submitted a FAFSA. Students will be notified of their eligibility for the Direct Loan program(s) through a financial aid offer letter.

Graduate and professional students seeking the Federal Direct Graduate PLUS (Grad PLUS) Loan may obtain information from our [website](#). This program also requires the FAFSA to be on file with Scholarships & Financial Aid.

Short-term loans are available to provide assistance to students who experience temporary financial difficulties with educationally related expenses. Funding for this program is provided by The Association of Former Students, the Class of 1926 and other University resources. This program is not intended to provide long-term assistance or to replace other assistance available through

Scholarships & Financial Aid. Students must be degree-seeking and enrolled at least half-time to be eligible for short-term loans.

The Emergency Tuition and Fees loan program is available to help students pay their Texas A&M University tuition and required fees. The loan is applied directly to the student's tuition and fee account.

Please refer to our [website](#) for detailed information on all of the aforementioned programs and more.

Scholarship Recipients and Non-Resident Tuition Waivers

An eligible non-resident student who holds a competitive academic scholarship of at least \$1000 for the academic year or summer for which the student is enrolled may be eligible to pay the fees and charges required of Texas residents without regard to the length of time the student has resided in Texas. The student must have competed with other students, including Texas residents, for the scholarship and the scholarship must be awarded by a recognized Texas A&M University School or departmental scholarship committee or university representative. For more information, please visit <http://scholarships.tamu.edu>.

Veterans' Education Benefits

The Veteran Services Office assists eligible students in securing federal and state veterans' education benefits and other educational funding including scholarships and financial aid. More information regarding their services can be found online at <http://veterans.tamu.edu>.

Financial Literacy - Money Education

The Money Education (ME) Center provides Aggie students with the education and resources they need to make smarter personal finance decisions during School so they can lay a foundation of financial success for a lifetime.

The ME Center teaches Aggies about:

- Eating on a Budget
- Money Management
- Buying a Home
- Preparing Financially for Graduation
- Buying a Car
- Premarital Money Discussions
- Saving and Investing
- Student Loan Repayment

- Credit Cards and Credit Scores
- Identity Theft

The ME Center provides the following services free of charge:

- Scheduled Presentations
- Group Presentations
- Classroom Presentations
- Walk-in Advising
- Appointments
- Online Resources

For more information, visit money.tamu.edu.

Withdrawal from the University and Leave of Absence

The federal government mandates that a student who officially and unofficially withdraws from all classes may only keep the financial assistance they have “earned” up to the time of withdrawal. Documentation for a student who unofficially withdraws from the University may be required. Title IV funds that were disbursed in excess of the earned amount must be returned by the University and/or the student financial aid programs. This situation could result in the student owing funds to the University, government or both. Scholarships & Financial Aid will also calculate a return of funds for state programs.

To determine the amount of federal aid the student has earned up to the time of withdrawal, Scholarships & Financial Aid will divide the number of calendar days the student attended classes by the total number of calendar days in the semester (less any scheduled breaks of five days or more). The resulting percentage is then multiplied by the total federal funds that were disbursed (either to the student’s University account or to the student directly by check or direct deposit) for the semester. This calculation determines the amount of aid earned by the student, which he or she may keep (for example, if the student attended 25 percent of the term, the student will have earned 25 percent of the aid disbursed). The unearned amount (total aid disbursed less the earned amount) must be returned. Scholarships & Financial Aid will notify and provide instructions to students who are required to return funds. In most cases, students who complete 60 percent of the semester are eligible for all of the financial aid disbursed to them.

For state and institutional aid, at the point of withdrawal, the amount the student earned will be determined in correlation with the institution’s refund policy for tuition and fees.

Students going on an approved Leave of Absence will be treated as a withdrawal and the same methodology for determining the amount of aid the student is eligible for will be applied.

Allocating Returned Title IV (Federal Aid)

Funds that are returned to the federal government are used to reduce the outstanding balances in individual federal programs.

HEALTH

STUDENT HEALTH CENTER (Bryan/College Station)

The A.P. Beutel Health Center provides health care service to all students who have paid the Texas A&M University Health Center fee on the Bryan/School Station campus. Health Center services are available Monday through Friday, 8:00am to 5:00pm. A “Dial-A-Nurse” service is available after hours or on weekends. Ambulance service may be provided in emergencies from the on-campus scene of illness or injury to the Health Center or appropriate local medical facility. Ambulance service provided by other than the University ambulance is not covered by Health Center fees and is at the expense of the individual.

STUDENT HEALTH SERVICES (other campuses)

Same day medical services/appointments are available on each primary campus for urgent issues that may arise. Care is provided at local clinics. You should identify yourself as a Texas A&M School of Medicine student when making your appointment.

Lists of same day providers/clinics can be obtained from the Student Services Coordinators on each campus and are also listed on the School of Medicine website in the School of Medicine Student Services Guide.

Visits will be charged to your insurance carrier and copays may apply. Identify yourself as a medical student when scheduling appointments. Student Affairs Coordinators on each campus keep a current list of same day providers.

EFFECTS OF INFECTIOUS & ENVIRONMENTAL DISEASE OR DISABILITY ON MEDICAL STUDENT TRAINING

If a medical student contracts an infectious and/or environmental disease or disability after matriculation, whether or not it is a direct result of their training, the medical school will assist the student in completing their MD requirements, as long as the student is able to still meet the technical standards as outlined in the admissions policy. The School of Medicine will work with the infected student to provide reasonable accommodations where needed. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of the educational program, imposes an undue hardship, or fails to eliminate or substantially reduce a direct threat to the health or safety of others. Students will be excused from all learning activities to address the potential risks or effects of such infections, environmental disease, or disability.

In certain situations, students with communicable diseases or conditions may not be allowed to have patient contact. This restriction may be necessary to protect the health and safety of both patients

and coworkers. Individuals with the following medical conditions will not be allowed to have patient contact without a medical clearance:

1. Active chickenpox, measles, mumps, rubella, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, HIV/AIDS, tuberculosis
2. Oralfacial herpes simplex, herpetic whitlow
3. Group A streptococcal disease until 24 hours of treatment received
4. Diarrhea lasting over three days or accompanied by fever, incontinence, or bloody stools
5. Draining or infected skin lesions
6. Conjunctivitis
7. Acute febrile respiratory viral infections
8. Diphtheria
9. Enterovirus
10. Meningococcal infections
11. Pediculosis (lice)
12. Pertussis
13. Scabies
14. Other potentially transmissible infectious agents, as indicated

Medical students infected with HCV, HBV, or HIV have a professional responsibility to report their serostatus. Consistent with the self-reporting requirements imposed on physicians and other regulated healthcare workers, this reporting obligation shall be mandatory for students infected with HIV or HBV.

Confidentiality will be maintained pursuant to state and federal laws. The Individuals who will be informed of the student's serostatus are members of the ad hoc committee (see below), designated representative(s) of the clinical site to the extent required by the site's policies, and the TAMU Office of Disability Services if the student requests accommodations. Faculty who are providing modifications in the student's educational program will be informed that the student has need for curricular modifications and has been approved for such.

Students who believe or have reason to believe that they are infected with HIV, HCV or HBV must report that fact to a student affairs dean prior to performing an invasive procedure where there is a risk of contact between the blood or body fluids of the student and the blood or body fluids of the patient. The student affairs dean will require confirmation from a qualified physician as to the student's diagnosis, state of health, and symptoms.

Having identified a student with HBV, HCV and/or HIV, the student affairs dean will coordinate an ad hoc committee including, if possible, the student's physician, an infectious disease specialist or credentialed HIV specialist, and the Associate Dean of Academic Affairs or appointee who is familiar with the clinical curriculum. The ad hoc committee will evaluate the student's course work and patient contact to determine appropriate clinical curricular changes based on guidelines from appropriate entities such as the Texas Department of Health (TDH), Society for Healthcare Epidemiology of America (SHEA), and the Center for Disease Control (CDC). The committee shall report any recommendations to the Student Affairs Dean who in turn will notify the student and clerkship directors, as needed, of any requirements and/or limitations placed on the student's clinical activity. Consistent with the self-reporting requirements imposed on physicians and other regulated

healthcare workers, this reporting obligation shall be mandatory for students infected with HIV or HBV. Students who fail to comply with the requirements and/or limitations will be subject to discipline up to or including a recommendation for dismissal.

STUDENTS, FACULTY AND HEALTHCARE

Students have the right to see a healthcare provider of their choosing for all healthcare matters including sensitive healthcare matters and mental health. Students will be excused from any course or clerkship to access any needed healthcare. Campuses offering same day health services for students will use providers who do not teach and evaluate students.

Students also have the right to be taught and evaluated in clinical settings by faculty with whom they do not have a patient/doctor relationship. Students may at times choose to see School of Medicine faculty physicians and psychologists for their care. If the student is assigned to a clinical rotation with a physician or psychologist with whom the student has or has had a patient/doctor relationship, the student should request a change in preceptor or evaluator to the clerkship director or the Office of Academic Affairs and they will be automatically granted that change.

NEEDLE STICK AND EXPOSURE GUIDELINES

All students should follow universal (standard) precautions in the patient care setting and instruction on universal precautions will occur annually. While you are on your clinical rotations, needle stick or exposure injuries will be initially addressed at the facility where the injury occurs. For most hospitals, you should contact the nursing supervisor for the specific instructions. Guidelines and numbers for easy access to call will be given out at orientation to the campus or can be obtained through Student Affairs and can be found on the needle stick info badge issued to you.

Students are also required to notify the Office of Student Affairs if they have had an exposure while doing a clerkship or elective, as well as the faculty supervisor and clerkship director. The School is required to report the incident through a University system called Origami. Students will be treated as an employee for initial management of a needle stick by our clinical affiliates in terms of exposure evaluation, potential initiation of prophylaxis, and incident follow-up (on the initial lab tests), however, students are not eligible for workers' compensation insurance. If the hospital or clinic will not cover the cost but will accept the student's insurance, the TAMU School of Medicine will reimburse the cost of the insurance co-pay and/or deductible, or any amount not paid by insurance, up to a maximum of \$500 per case. This only applies to expenses incurred at the initial visit. The expenses incurred for any follow up visits, treatment, or lab work after the initial visit will be borne by the student and their own insurance. TAMU School of Medicine assumes no fiscal responsibility for the treatment of students who develop an illness as a result of an exposure. Long term management, if necessary, will be the responsibility of student and student's private insurance. (See Appendix VII for more specific information, including how to submit claim.)

IMMUNIZATIONS

M1 students: Must have uploaded all immunizations by August 1st. Students must have either completed the three part Hepatitis B vaccine series before matriculation **OR** have begun the series

in order to have completed the series by February 1st of the M1 year. All students must have a **quantitative** titer drawn to demonstrate Hepatitis B protection. If the titer is too low, the student must repeat the series.

M1, M2, M3 and M4 students: Must have annual TB testing (or CXR documentation for TB skin test +), **and** complete an annual health survey for TB by August 1st, as well as uploaded the results. All students must have the flu vaccine by the third week of October annually and upload the documentation.

The required immunizations are equivalent to those required by other institutions of higher education and are reviewed annually and compared with CDC guidelines and State law.

Failure to complete immunizations in a timely manner may result in disciplinary measures and/or interruption of clinical training. Exemptions for medical and/or religious reasons will be reviewed on a case by case basis.

Please note: While the School of Medicine strongly encourages vaccination for COVID-19, it does not currently require it. However, all of our clinical partners do require full vaccination to work in their facilities; and as private entities, they may require any additional items they see fit. It is the responsibility of the student to provide whatever is required to the facility they are assigned to. Any requests for exemptions must be made to the facility itself, since they are the one making the requirement, and any decision on exemption will be at the sole discretion of that facility. The School of Medicine cannot guarantee it can provide an education to any student if they are not able to meet the requirements of the clinical facilities used by the School.

ALCOHOL AND DRUG TESTING (ALSO SEE APPENDIX XIII FOR ADDITIONAL INFO)

A. Routine alcohol and drug testing A critical part of medical education involves learning experiences in hospitals and other health care facilities. Use of these facilities in training is essential, and students must be able to complete their assigned rotations. Many hospital and health care facilities have policies requiring drug testing and/or criminal background checks for employees, students and volunteers. Facilities that provide instruction to School of Medicine students may have, or may adopt in the future drug testing and/or criminal background check policies. Some facilities provide that students who test positive for drugs, or who have certain types of information in their criminal background checks, are ineligible to work in that facility. Results of any routine drug test will be confidentially reported to the dean(s) for Student Affairs.

As stated during the admission process, students will be required to submit to and satisfactorily complete a routine drug test prior to matriculation in the School of Medicine. This test must be completed during Orientation or within 30 days preceding matriculation. A student who does not submit to or clear a routine drug test will have their offer of acceptance withdrawn.

After matriculation, students who test positive on a routine drug test will be referred to a private physician for evaluation. The physician will be designated by the School and the evaluation will be paid for by the student. Students may not continue in classes or clinical rotations until the physician evaluation has been completed, the student has been cleared by the evaluating physician to resume classes/clerkships and a negative drug screen has been returned. Results of

this evaluation will be shared with the dean(s) for Student Affairs. If a student refuses evaluation or consent to share the results of this evaluation, he/she may be subject to disciplinary procedures.

If treatment is recommended, the student will be allowed to seek treatment and remain enrolled as a student but must be cleared by an evaluating physician and have a negative drug screen prior to resuming classes/clerkships. This may delay graduation or necessitate repeating a year, course, or clerkship. Further monitoring after treatment or evaluation will be the purview of the TMA Physician Health and Rehabilitation Committee or private physician as outlined below and will not be reported to Student Affairs unless the impaired student refuses or is unresponsive to the appropriate treatment.

The use of illegal drugs or failure of a drug screen can be considered grounds for dismissal under the Disciplinary Code in Appendix III.

Any questions or concerns about routine drug testing may be shared confidentially with the dean(s) for Student Affairs.

B. “For cause” testing To ensure compliance with institutional policies and to promote a safe and healthy work environment, the School may require students to submit to drug and/or alcohol testing “for cause” based upon a) reasonable suspicion of substance abuse or b) the unauthorized use or possession of alcohol on campus or at a health care setting or c) the use of or possession of illicit drugs at any time. Reasonable suspicion of substance abuse may be based upon but is not limited to, the following criteria:

- a. Direct observation of drugs or alcohol use or possession and /or demonstration of physical symptoms of the influence of drugs or alcohol
- b. A pattern of abnormal or erratic behavior, consistent with alcohol or drug abuse
- c. Arrest or conviction for a drug or alcohol related offense; identification as the focus of a criminal investigation into illicit drug use, possession or trafficking
- d. Evidence that a student has tampered with a previous drug or alcohol test
- e. Possession of drug paraphernalia
- f. Credible report of substance abuse

Reporting persons must contact the dean(s) for Student Affairs and shall document the exact reason why they suspect a violation to include the symptoms or actions of the student. Every effort should be made to document the behavior and how the behavior is affecting the student’s performance and the reporting person should make every effort to document the specific facts that would lead a reasonable person to the conclusion that the student was using or was in possession of illicit drugs or unauthorized alcohol. Whenever possible, corroborating statements from other administrators, faculty, employees, or students should be obtained.

Until the results of a test are received, a student may be suspended from duties at the sole discretion of the Executive Associate Dean for Student Affairs if the continued participation of the student presents a real and present danger to personal safety or threatens the health and safety of the individual, patients/clients or peers.

1. Procedure When determination to test for cause has been made, the student will be transported to the designated site for collection of a breath alcohol or urine and/or blood sample to test for drugs and/or alcohol. The student may request that a blood sample be collected in addition to a urine sample. Testing cost will be borne by the School of Medicine. Testing will be done according to standard procedure for these settings.

Reports will be sent to the dean(s) for Student Affairs. Prior to making a final decision to confirm a positive test, the student will have the opportunity to discuss the test results and provide any documentation for a legitimate medical explanation for the positive test result.

2. Appeal and Retesting
Positive tests may be appealed by submitting a written request to the dean(s) for Student Affairs within three (3) business days (based on the Medicine academic calendar) after being informed of the positive test results. The appellant has the right to have a second test performed on the original specimen for qualitative presence only at a SAMHSA certified laboratory of his/her choice and all expenses of such retest will be the responsibility of the appellant. The specimen transfer between laboratories will follow standard protocol.

Any student who fails an alcohol or drug test for cause will be subject to disciplinary sanctions and a disciplinary hearing as in the Disciplinary Code (Appendix III). These sanctions could result in dismissal. An individual's participation in and successful completion of an approved drug or alcohol counseling program coupled with his/her consent to random testing may be considered in the disciplinary process but does not ensure that dismissal will not occur.

3. Disciplinary/Actions. Any student who fails an alcohol or drug test will be subject to disciplinary sanctions and a disciplinary hearing as in the Disciplinary Code (Appendix III). These sanctions could result in dismissal. An individual's participation in and successful completion of an approved drug or alcohol counseling program coupled with his/her consent to random testing may be considered in the disciplinary process but does not ensure that dismissal will not occur.
4. Refusal to Consent to Testing. Any student who refuses to consent to an alcohol or drug test for cause or fails to provide an adequate specimen will be subject to discipline, up to and including dismissal.
5. Confidentiality. Every effort will be made to keep the results of alcohol and drug testing confidential. Students should be aware that test results may be used for administrative hearings and court cases and may be sent to state and /or federal agencies as required by applicable law.

POLICY FOR IMPAIRED MEDICAL STUDENTS

The Texas A&M School of Medicine desires to provide a safe and healthy work environment for our medical students. In addition, as a medical institution, the faculty and students must set an example to ensure the safety, health and welfare of the patients who are served by the institution.

The primary emphasis of the School of Medicine program will be toward the prevention of impairment in medical students caused by the use of alcohol or psychoactive substances. However,

we recognize that medical students may carry with them or develop alcohol and other psychoactive drug use patterns and behaviors that may be diagnosed as abuse or dependence. The School is committed to a program that will assist impaired student in regaining their health while protecting the well-being of classmates and patients in our care.

However, the Texas A&M School of Medicine is unequivocally opposed to substance abuse and prohibits the abuse, unlawful possession, distribution and illegal use of drugs and/or alcohol by students. Furthermore, this policy is intended to delineate disciplinary sanctions that the School may impose on students who violate the Student Code of Conduct in regards to alcohol or substance abuse.

Terms:

The term “substance abuse is defined as:

- a) reporting to work or school while affected by alcohol or drugs. Students should not consume alcohol while on call or in the clinics or within at least 4 hours prior to being on call in the clinics.
- b) chemical dependency on alcohol or other drugs where job performance, participation in academic programs or safety of employees, students or patients may be adversely affected
- c) the use of illegal drugs

The term “illegal drugs” as used in this policy includes but is not limited to:

- a) marijuana, cocaine, heroin, opiates, amphetamines and similar drugs whose possession and use are prohibited under state or federal law
- b) prescription drugs unless validly prescribed by the student’s physician
- c) designer drugs, look-alike synthetic drugs and similar substances

The term “impaired student” is defined as any student who demonstrates behavior that interferes with the normally expected performance as a medical student in the healthcare delivery system, whose actions endanger the public or himself/herself, and who violates the rules, traditions and ethics of the School.

I. Substance Abuse Self-Identification

The School of Medicine does not condone the abuse of alcohol or illegal drugs and has developed policies and procedures to promote a drug free environment. However, the School recognizes that students may develop substance abuse problems that can be treated successfully before critical incidents occur (e.g. arrest, usage on campus property, or intoxication in the classroom or health care setting).

The School encourages students who have developed substance abuse problems to voluntarily identify themselves and to seek immediate treatment. To further this policy:

- A. A student who voluntarily self-identifies as an abuser may be permitted to continue his/her current course of study without suspension provided:
 - 1) This self- identification occurs PRIOR to any incident that is grounds for suspension or dismissal under institutional policy.
 - 2) The student immediately enters an institution approved program for the disorder
 - 3) The student’s conduct and academic performance remain consistent with the demands of the curriculum and profession.

- B. A student who voluntarily self-identifies as an abuser and who, by his /her own admission, by the testimony of approved abuse counselors, or by the determination of institutional authority is no longer capable of acceptable academic and professional conduct will be required to take a medical leave of absence from the School. Nothing in this paragraph will preclude the School from suspending, dismissing or taking other appropriate action against the student for unacceptable academic performance or lack of professional conduct.
- C. Any student who is given the option to participate in a rehabilitation program will comply with the treatment and rehab requirements set forth below:
- 1) Satisfactorily participate in a substance abuse assistance program or rehabilitation program approved by the School for this purpose
 - 2) Provide evidence satisfactory to the School or TMA PHR (Physician Health and Rehabilitation) of continued outpatient therapy in an approved program appropriate to the treatment recommendation
 - 3) Remain substance free after completing a rehabilitation program for chemical dependency and participate in random drug screening during rehabilitation through the TMA Drug Screening Program and the TMA PHR for the duration of their medical education at the School of Medicine or as recommended.
 - 4) Failure to comply with these requirements may result in dismissal.

III. Notification of Arrests/Convictions

Students must notify the School of Medicine Office of Student Affairs of any drug or alcohol related arrests or convictions within five (5) working days after charge of an offense. Failure to do so and subsequent notification during a required background check or disclosure by other means may result in disciplinary action including dismissal.

UNIVERSAL PRECAUTION GUIDELINES

All students must complete instruction on Universal Precautions annually. Guidelines change frequently and students are expected update their knowledge at least annually to assure your personal safety and the safety of your patients.

INSURANCE INFORMATION

DISABILITY INSURANCE

Students are not required to carry disability insurance; however, they are strongly encouraged to consider purchasing it. The Office of Student Affairs maintains a file on available policies and will assist interested students.

HEALTH INSURANCE

All Texas A&M medical students are required to carry **and maintain** health insurance which meets or exceeds the minimum criteria set by the School. **Students who are found to not have current health care coverage may be barred from continuing courses or being in clinical settings until this is taken care of.** Students are strongly encouraged to provide coverage for all dependents. Students who presume they are still covered on their parents' policies are well-advised to confirm this with their insurance carriers. Some policies automatically delete coverage for family members who: reach a certain age, become married, no longer reside with parents, etc. Knowing these conditions in advance will permit time to obtain coverage elsewhere. Under optimal conditions for a healthy individual it may take a month or more to obtain coverage. Among the considerations in selecting a health insurance policy is whether or not a policy can be continued after graduation. Students are required to attest yearly that they have and maintain suitable health insurance.

All students are required to sign a document verifying they have coverage meeting the minimum standards and signifying that they understand they will be responsible for any medical expenses incurred beyond what their insurance will pay. It is important for students to realize that medical expenses for care provided by hospitals or providers affiliated with the School of Medicine, including laboratory procedures and emergency care, are the responsibility of the student and not the School of Medicine, the University, or of those hospitals or providers. Insurance coverage should also include "maternity benefits" and "coverage for an occupational injury" that might put the individual at risk for a blood borne infection such as hepatitis B, hepatitis C, or HIV infection. Students must show proof of coverage annually.

Students are encouraged to consider insurance coverage in excess of the required minimum.

Although the Office of Student Affairs does not endorse any specific carrier, it does have information on various health insurance policies available to medical students. As information becomes available, it is added to this resource.

PROFESSIONAL LIABILITY INSURANCE

The School of Medicine requires each student to purchase professional liability insurance prior to working with patients. Currently, we are self-insured and payment of liability insurance fees is included in your tuition bill. Students may not perform clinical activities without this coverage. Activities outside the School curriculum are not covered, unless they occur in a recognized School of Medicine recognized or sanctioned activity. Approved away rotations are considered part of the curriculum and are covered by the self-insurance policy.

STUDENT RECORDS

LOCATION OF RECORDS

A student's permanent academic records are held by the Registrar of Texas A&M University. In addition, portions of the record may reside in the School's Office of Student Affairs.

THE ROLE OF THE REGISTRAR

Maintenance of academic records is the responsibility of the Office of the Registrar. Access to these records is granted in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA). FERPA is a federal law that provides minimum standards for the management of student education records for universities receiving funds made available under the federal program administered by the U.S. Commissioner of Education. Additional details about FERPA are available in the Texas A&M University Graduate & Professional Catalog and on the Office of the Registrar's website. Questions concerning FERPA may be referred to the Office of the Registrar.

DIRECTORY INFORMATION

The following directory information may be made public unless the student desires to withhold any or all of this information: the student's name, UIN (Universal Identification Number), local address, permanent address, email address, local telephone number, permanent telephone number, dates of attendance, program of study, classification, previous institution(s) attended, degrees received, honors and awards received, participation in officially recognized activities and sports, medical residency location, and medical residency specialization.

Currently enrolled students wishing to withhold any or all directory information items may do so by going to the My Record tab in the [Howdy](#) portal, clicking on "Withhold Directory Information" in the My Information channel and submitting a completed form.

Directory information may be released unless a "Withhold Directory Information" request is submitted by the student. The request remains in effect until the student revokes it or is deceased. Only currently enrolled students may request directory information be withheld.

NOTIFICATION OF RIGHTS UNDER FERPA

Texas A&M University encourages students to exercise their rights under FERPA. Operating under the premise that the educational process is a cooperative venture between a student and the University, we emphasize the following rights of eligible students:

- 1) The right to inspect and review, with certain limited exceptions, the student's educational records, including the right to receive explanations and interpretations of the records and to obtain copies of the records when such are needed to allow the student to effectively exercise his/her right of inspection and review;
- 2) Consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
 - a) One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person or entity:

- i) employed by the university or the university system in an administrative, supervisory, academic or research, or support staff position;
 - ii) serving on a university governing body or duly authorized panel or committee; or
 - iii) employed by or under contract to the university to perform a special task, function, or service for the university.
 - b) A school official has a legitimate educational interest if the information requested is necessary for that official to
 - i) perform appropriate tasks that are specified in his/her position description or in the performance of regularly assigned duties by a lawful supervisor;
 - ii) fulfill the terms of a contractual agreement;
 - iii) perform a task related to a student's education;
 - iv) perform a task related to the discipline of a student; or
 - v) provide a service or benefit relating to the student or student's family, such as health care, counseling, financial aid, job placement, or former student-related activities.
 - c) Disclosure to a school official having a legitimate educational interest does not constitute university authorization to transmit, share, or disclose any or all information received to third parties unless such disclosure is permitted or required by law.
- 3) The right to correct a student's education records when the records are inaccurate, misleading or otherwise in violation of FERPA;
 - 4) The right to report violations of FERPA to the Department of Education;

REVIEW OF STUDENT RECORDS

All students have the right to inspect their academic record. For records held by the TAMU Registrar, please refer to [Texas A&M University Standard Administrative Procedure on Student Records](#) for information regarding how to request such a review. Records can be reviewed within 45 days. For records held by the School of Medicine, the student should make their request to the Office of Student Affairs. Reviews of records from this office can generally be accomplished in 14 days or less, but may take as long as 45 days, depending on what is requested.

The School of Medicine reserves the right to refuse access to letters and statements of recommendation to which the student has waived the right of access.

AUTHORIZED NON-STUDENT ACCESS TO STUDENT RECORDS

School of Medicine instructors or personnel are allowed access to student's educational records only if there is determined to be a legitimate educational need to know. All requests for access

should be directed to the School of Medicine Office of Student Affairs or the TAMU Registrar, depending on what is desired. For any School of Medicine-based records, the Senior Associate Dean of Student Affairs & Admissions, with consultation of others if needed, will determine if educational need to know exists.

Texas A&M University may disclose education records in certain other circumstances:

- to comply with a judicial order or a lawfully issued subpoena;
- to appropriate parties in a health or safety emergency;
- to officials of another school, upon request, in which a student seeks or intends to enroll;
- in connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount, or conditions of the financial aid, or to enforce the terms and conditions of the aid;
- to certain officials of the U.S. Department of Education, the Comptroller General, to state and local educational authorities, in connection with certain state or federally supported education programs;
- to accrediting & licensing organizations to carry out their functions;
- to organizations conducting certain studies for or on behalf of the Texas A&M University
- to the alleged victim of a violent crime when the records include the results of an institutional disciplinary proceeding against the alleged perpetrator with respect to that crime.

TRANSCRIPTS

Official transcripts are available from The Texas A&M University Office of the Registrar. A fee is assessed for transcripts.

Official transcripts or copies of other documents may be withheld under the following circumstances:

- The student has an unpaid financial obligation to the school.
- There is an unresolved disciplinary action against the student.
- The student is in default on a Federal loan.
- The student has not completed clearance or other professional obligations to the school.

STUDENT ORGANIZATIONS

Only students in good academic standing (overall GPA 2.5 or above for the current semester and the semester immediately prior to election/appointment and not on probation for any reason) may hold or run for office in student organizations, serve on councils and committees, or represent the School at meetings or conferences.

CLASS OFFICES

Elections of class officers are held in August at the start of the new academic year, with the exception of the first year (M1) class elections, which are held in the fall after the second round of exams. Each position is re-elected every year, with the exception of those specifically mentioned below. Each year, all presidents and treasurers are required to take online training sessions through the TAMU Office of Student Activities.

Class offices are described below. For each class, there will be one class president and there will be a campus executive officer on all campuses where the entire year long curriculum is delivered. The class president will represent his/her class as a whole and the campus executive officer will represent the needs of the class on his/her respective campus. For campuses where there are thirty or more students, there will be a full slate of officers. All campuses/sites will have a full slate of officers.

President

- Represents the class to the Medicine Office of Student Affairs, other administrative offices, professors and academic departments
- Serves to promote class unity for all campuses
- Serves as member of the TAMSA Executive Committee
 - M4 Class President – Executive President - writes agenda for and runs Executive meetings
 - M3 Class President – Executive Vice-President & Parliamentarian – serves in absence of Exec President and oversees parliamentary procedures
 - M2 Class President – Executive Treasurer – keeps accurate accounting of TAMSA Exec funds
 - M1 Class President – Executive Secretary - takes and distributes minutes for TAMSA Executive meetings, as well as creates & distributes the TAMSA Exec Newsletter to all classes.
- Corresponds on behalf of the class
- Serves on the President's HSC Advisory Board (M2 & M3)
- Organizes/delegates authority for planning class/campus activities
- Serves as the class representative for Awards and Hooding Ceremony, Match Day and Commencement Committee (M4)
- Holds regular officer and class meetings

Campus CEO

- Represents the class to the Medicine Office of Student Affairs, other administrative offices, professors and academic departments on their respective campus and in the president's absence
- Serves to promote class unity for all campuses
- Serves as member of the TAMSA Executive Committee
- Coordinates Donor Memorial Ceremony (M1)
- Serves as alternate for President's Student Advisory Board (M3)
- Corresponds on behalf of the class for their respective campus
- Organizes/delegates authority for planning class/campus activities
- Serve as class representatives for Hooding & Awards Ceremony, Match Day and Commencement Committee (M4)

- Holds regular campus officer meetings

Vice-President

- Organizes and directs class fundraising activities
- Works with the Office of Student Affairs to ensure all fundraising regulations are followed
- Serves as member of the TAMSA Executive Committee
- Plans Cadaver Ball (M1)
- Serves as the class representatives for Awards and Hooding Ceremony, Match Day, and Commencement Committee (M4)

Secretary

- Records, approves, and posts minutes of all class officer meetings
- Corresponds on behalf of the class
- Serves as assistant historian
- Organizes, edits, prints and distributes class newsletter

Treasurer

- Oversees all financial activities of the class -- must keep accurate records!
- Works with the Student Affairs Program Coordinator for class deposits and withdrawals from Student Organization Finance Center Account
- Works with the Office of Student Affairs to ensure all financial regulations are followed
- Works with the Student Affairs Program Coordinator to ensure payment of annual taxes on sales

Historian

- Takes pictures at all class events
- Coordinates collection, organization and documentation of photos, etc. for yearbook
- Creates Cadaver Ball slideshow (M1)
- Coordinates class yearbook (M4)

Community Service Representative(s)

- Organizes and coordinates community service projects for class
- Facilitates involvement in joint community projects

Social Relations Representative(s)

- Organizes class social events

Intramural Representative

- Organizes class teams for intramural/community sports competition

- Posts/distributes Rec Sports information
- Distributes TAMU Sports Pass information and helps coordinate weekly ticket pulls
- Coordinates annual Football for the Frontline game (M1)
- Assists in coordinating annual Volley for Veterans tournament (M2)

Student Advocates

- Provide confidential assistance and referral for professional help to students who are abusing alcohol or drugs, or are experiencing psychiatric-emotional problems
- Provide support for the School of Medicine Societies, as well as Buddy and Well-Being programs
- Be an active participant in the wellness initiatives to promote student health and well-being
- This position is a one year position (M1) and then a three year position M2-M4 on each clinical campus.

Technology Chair

- Serve as liaison between the class and CEO with regards to IT issues

Organization of Student Representatives Representative

- Serves as AAMC-OSR liaison to class (collects and distributes information from/to class for AAMC-OSR representative)
- This is a four year position

Curriculum Committee Student Representative

- Serve as a student representative on the Curriculum Committee which is the body charged with leading, directing, coordinating, controlling, planning, evaluating and reporting on the curriculum leading to the degree, Doctor of Medicine
- Oversee and select the members of the Curriculum Committee's Student Sub-committee
- M2 and M4 representative will be voting members
- M1 and M3 representatives will be ex-officio members; however they will serve as backup to the voting members if the latter are not present

STUDENT ORGANIZATIONS

Numerous student organizations exist for extra-curricular activities and the School of Medicine encourages students to be involved in outside activities as your time permits. Please see the Student Affairs Program Coordinator on your campus for listings of the current organizations. The student governance of all organizations is coordinated by the TAMSA Executive Committee. **All student organizations must go through the TAMU process for becoming a recognized organization.**

TAMSA Executive Committee

The TAMSA Executive Committee serves as governance for the student body and functions to set agendas and distribute TAMSA funds to organizations for projects or travel based on priority and need. The committee approves new organizations wishing recognition, reviews organizations on probation and annually appraises all organizational activities. The Executive Committee is made up of Class Presidents, CEOs and Vice Presidents.

STUDENT ACTIVITIES

There are traditional activities which involve students, faculty and staff. These occur throughout the academic year; are sponsored by student organizations, and planned in consultation with the Office of Student Affairs. The requirements for participation are as follows:

Requirements

1. Student(s) representing the School of Medicine in any School-sponsored activity must be in good academic standing.
2. Student(s) must be active members of the organization they represent.

STUDENT ACTIVITY FUNDING PROCEDURE

Student organizations desiring funding for activities during the year must submit a funding request and justification to the TAMSA Executive Committee. Funding request forms can be obtained in the Office of Student Affairs. All requests will be reviewed and voted on by the TAMSA Executive Committee.

Procedure:

1. Student organizations desiring funding for organizational activities must submit a funding request form and a budget for the activities for the entire academic year.
2. Funding Request Form must be submitted and approved, prior to a specific budgeted activity, e.g., student(s) representing the School of Medicine at state and national meetings, Cadaver Ball, M1 Retreat, etc. Approval of requests will be based on the extent to which the activity will benefit the student body and the School of Medicine. In order to avoid problems, please confer with the Office of Student Affairs prior to traveling or purchasing an item to be paid for with School of Medicine funds.
 - a. **Student Travel Reports and Reimbursement:**
Following a school sponsored trip, student(s) must submit original itemized bills/receipts (hotel, airline, taxi, etc.) for travel reimbursement.
 - b. **Student Activity Expense Payments:**
Original invoices (not copies) for expenses for student activities, previously approved as outlined above, must be billed to TAMU School of Medicine in order to

be tax exempt and paid through the Office of Student Affairs from a School of Medicine account.

FUNDRAISING ACTIVITIES

Student fundraising is challenging, fun, and useful for class projects. However, students are reminded that sales of items require the collection of and accounting for State sales tax if the organizations' gross sales are more than \$5,000 in a calendar year.

Since apparel/merchandise is a popular fundraising effort, and to avoid copyright infringement, specific guidelines are in place to assure student organizations are following approved logo designs. Specific guidelines:

1. Old TAMHSC Component Seals and logos are not to be used on T-shirts.
2. Designs must not look like a new logo is trying to be created.
3. Any version of the Aggie Athletics "Block T" outside of the official logo is not to be used.
 - a. Aggie Athletics owns the rights to the Block T which is why we are not able to use any design that might resemble it.
4. When purchasing graphics off of istockphoto.com (recommended by HSC Governmental and Public Affairs), check with the Marketing department before making the purchase to make sure they have not already purchased the graphics for another use. If they have, we will be able to use the graphic and not have to purchase it.
5. Once a design has been created for merchandise, students must gain approval from their designated contact in the Office of Student Affairs who will then seek further approval as necessary.
6. When in doubt, check with the TAMU Health Marketing & Communications team for any questions or final approvals.

Students should investigate copyrighting any designs they create for fund-raising projects. The Office of Student Affairs and the TAMU Health Marketing & Communications team can provide information on fund-raising procedures, activities, and logo use.

OFF-CAMPUS ACTIVITIES

The School of Medicine is supportive of student activities both on and off campus. Volunteer work in the local community or field trips to other communities are encouraged, subject to certain conditions. If the School of Medicine's name is either used or implied or if School or University property or facilities are used in such endeavors, prior approval must be obtained from the Office of Student Affairs. In addition to approval, participants in School related trips off campus must complete a statement releasing the School of Medicine from any liability associated with the trip. Release forms are available in the Office of Student Affairs. No reimbursement for expenses or disbursement of funds will be approved unless these requirements are met.

RESEARCH OPPORTUNITIES

The Texas A&M Health Science Center offers opportunities for all medical students to obtain research experience and training. This experience is invaluable to students interested in pursuing

careers in biomedical research and academic medicine. Students not interested in research careers will also find the experience rewarding. Programs providing research experience include the following:

M.D. /Ph.D. Program- This is a six to eight year combined degree program in which student complete the requirements for the Doctor of Medicine and Doctor of Philosophy degrees in a biomedical discipline. The curriculum integrates the requirements for the two degrees.

M.D. Plus Program- This program allows the student to also obtain value-added degrees, in addition to the M.D. degree. Opportunities exist to earn Masters degrees in Business (MBA), Public Health (MPH), and in Medical Science Research (MS). For more information, see <https://medicine.tamhsc.edu/degrees/md-plus.html> .

Research experience and training can be obtained in research laboratories within many research departments within the School of Medicine. A variety of research is being conducted by faculty in each of these departments. In addition, there are basic science research institutes located throughout the Texas A&M Health Science Center.

A formalized Medical Scholar Research Pathway Program exists for research done primarily with in the School or University. In some cases, this may culminate in a distinction, such as being designated as a Medical Scholar Researcher. This program also can occasionally provide funding opportunities for some student research activities. For more information, contact Dr. Gloria Conover, Director of Medical Student Research and see <https://medicine.tamu.edu/departments/medical-education/msrpp.html>

TUITION & REGISTRATION

REGISTRATION

Because of the established curriculum schedule, registration for the student is relatively easy. Prior to registration, each first year student must have provided to the School: (1) a final copy of their complete undergraduate transcript (2) a copy of their health record with evidence of required immunizations and (3) proof of adequate health insurance, or an application in process. A student may be blocked from registering if the foregoing is not supplied to the School in a timely manner.

Students may be blocked from registration because of unpaid financial obligations to the School or University, such as fees, short-term loans and parking fines, failure to provide adequate proof of required immunizations or insurance coverage, or failure to comply with official notifications.

PAYMENT

Tuition and fees for medical students are based on a fixed amount for the academic year and are not determined by the number of credit hours taken.

Tuition and fees for each term are payable in full or in three installments with one-half payable prior to the first day of class and the remainder payable in two equal payments during the term. A service charge will be assessed for use of the installment plan. Scholarships and grants are credited to the student's account in equal payments prior to each term. Loans are usually disbursed in equal payments, at the beginning of each semester.

Emergency tuition and fee loans are available for students who have applied for, but have not received, financial aid. These loans must be repaid when the financial aid is received. There are severe penalties for failure to pay installments by their specified due dates. If a payment is delinquent when a semester ends, the student will be disenrolled and will not receive credit for academic work performed that semester. Students will not be readmitted until all past due balances, including late charges, are paid. Late fees will be assessed by the University for overdue payments. If a student is disenrolled for failure to pay tuition and fees, reinstatement fees will be assessed, in addition to any other late fees or penalties already incurred, and it must be paid before the student is reinstated. Further info is available from the TAMU Student Business Services website at <http://www.tamu.edu/sbs>.

REFUNDS

Refund of tuition and fees shall be made to students withdrawing, being dismissed, or taking a leave of absence from the School of Medicine according to the following refund schedule. This is based on the total amount due for the term:

Prior to the first day of class	100 percent
During the first five class days	80 percent
During class days 6-10	70 percent
During class days 11-15	50 percent
During class days 16-20	25 percent
After 20 class days	None

STATE RESIDENCY CLASSIFICATION

Students are responsible for registering under the proper residence classification and for providing documentation as required by the institution. If there is any question about the right to classification as a resident of Texas, it is the student's obligation, prior to the time of enrollment, to ask for an official determination by administrative officials of the institution. An applicant whose classification as a resident of the State of Texas is not clearly established should request a Residency Questionnaire from TAMU Admissions.

There are many factors that affect residence status. Generally, students who have resided in the state and have been employed for twelve (12) consecutive months immediately preceding the time of enrollment are classified as residents, unless they are in the state primarily for the purpose of attending an educational institution. Individuals who reside in Texas for educational purposes are

classified as non-residents. Dependents whose parent(s) or guardian(s) have resided in Texas for the twelve (12) months preceding enrollment are classified as residents.

Non-residents who may qualify to pay Texas resident tuition rates include:

1. Military personnel assigned to duty in Texas, and their spouses and children.
2. Faculty employed at least one-half time on a regular monthly basis at state institutions of higher education in Texas, and their spouses and children.
3. Teaching or research assistants employed by state Schools or universities in Texas at least one-half time in positions which are related to the assistants' degree programs under institutional regulations, and their spouses and children.
4. Students who hold competitive academic scholarships for at least \$1000 which were awarded in competition with Texas students by a recognized university scholarship committee.

III. STUDENT LIFE

STUDENT SAFETY

Before and after the hours of 7:00 a.m. and 6:00 p.m., a security system prohibits unauthorized entry to the buildings on the School of Medicine campus in BCS.. Students of the School of Medicine are assigned building access cards during First Year Orientation. These cards are the property of the School and are to be returned by students before graduation or upon withdrawal from the School. Should a student lose or destroy an access card, the Office of Student Affairs should be notified immediately. Card or security access is also provided for School buildings on your clinical campuses and the Engineering Medicine building in Houston. Students must assume responsibility for the safety of their personal property.

PARKING

Students are required to park only in designated parking areas at all School and clinical affiliate locations. Unauthorized parking in patient or visitor spaces is considered a breach of professionalism and may result in tickets, fines, towing, or other measures. Repeat violators will be reported to the office of Student Affairs who may inform the Student Promotions Committee for further action.

EMAIL, MAIL, AND BULLETIN BOARD NOTICES

Individual mailboxes are located in Bryan, Round Rock, Dallas, Houston and Temple facilities for students assigned to each campus. Mailboxes are not to be used as storage and should be cleaned out periodically. Bulletin boards are available on which items of interest to students should be posted. Please date all items posted so that outdated items may be removed. Students are responsible for checking mailboxes periodically, as well as noting information on the bulletin board. **In addition, students should check their e-mail at least daily. Email is considered to be the**

primary delivery method for official communications. The School reserves the right to determine the items to be posted on bulletin boards, in classrooms, hallways, or other places. Unauthorized items will be removed. Responding to emails in a timely manner is considered to be a professional responsibility.

COMPUTER ACCESS

Students are allowed access to computing facilities on all campuses. Each student is required to activate an e-mail account as a part of First Year Orientation. Most communication is done by e-mail and it is the responsibility of the student to check their accounts daily and be sure their mailbox will allow receipt of incoming mail.

Students' use of computers and/or accessing data stored on a computer system without proper authorization is subject to disciplinary action, as stipulated in the Texas A&M University Regulations:

1. Unauthorized Use of Computer Accounts or System Access -- Unauthorized use of computers includes free standing as well as networked computers. It is to be emphasized that giving one's password or other log-on information to an unauthorized user of the system is unauthorized system access. Regardless of the purpose or the intent of unauthorized access, Texas A&M will recommend the filing of appropriate charges in the Criminal Justice System for all such violations.
2. Unauthorized Viewing or Changing of Data -- only authorized users are to have access to data. "Browsing" of data by unauthorized users is a violation of the State Penal Code, and such actions will be prosecuted. This statement covers all administrative systems on campus, including the Student Information System. Unauthorized access of another person's account to view that person's files comes under this heading as well. Such access includes, but is not limited to, accessing another student's files, accessing a professor's file and accessing a patient's file without proper authority.
3. Unauthorized Copying of Software and Data -- all commercial software and data are covered by copyrights of some form. Duplication of software and/or data covered by such copyrights is a violation of the copyright law.
4. Computers should not be used for the unauthorized downloading of pornographic or offensive material. Unapproved programs should not be placed on the computer.

STUDENT LOCKERS

Lockers are provided for students on each campus. Lockers not used by medical students may be assigned to graduate students, faculty, or departments. Users may need to furnish their own locks. At the end of each year, students should remove all items and locks from their lockers. During the summer any remaining locks and items will be removed in preparation for locker assignment the following year.

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APPENDIX I

SATISFACTORY ACADEMIC PROGRESS (SAP) FOR FINANCIAL AID ELIGIBILITY

In order to maintain eligibility to receive financial aid, students must meet the following requirements:

- Must be a degree-seeking student.
- Must meet Satisfactory Academic Progress (SAP).
- Must be enrolled at least half-time.

Scholarships & Financial Aid monitors SAP each semester for graduate students (master and doctoral levels) and annually after spring grades are posted for professional medical (MD) students. Students who do not meet the requirements for SAP have the opportunity to appeal and provide information about extenuating circumstances that may have hindered academic progress. Appeals are reviewed on a case-by-case basis. SAP and minimum enrollment requirements for individual financial aid program eligibility may vary.

In addition to potentially affecting current semester financial aid, drops and withdrawals are considered unsuccessfully completed coursework when determining SAP and will impact completion rate. Students who drop below the necessary completion rate may lose eligibility for financial aid in future terms.

SAP Components

There are three components to SAP. Failure to comply with any component may result in a loss of aid eligibility. The three components are as follows:

Minimum Grade Point Average (GPA)

- Graduate Students 3.0
- Medical Students 2.0

Completion Rate (Deficit Hours)

While students are expected to enroll full-time to be eligible for financial aid, each student must successfully complete at least a minimum percentage of all credit hours attempted. This percentage includes all institutional and transfer credit hours, regardless of whether or not financial aid was received. Grades of W, F, I, U, Q, X, NG, and grade exclusions are not considered to be adequate grades for completion.

- Graduate Students: 67%
- Medical Students: 67%

Maximum Hours (Excessive Hours)

Students are expected to complete their degree pursuits within a maximum timeframe, including transfer hours earned as well as institutional attempted hours. Students may not receive financial assistance beyond the following:

- Graduate Students 150% of degree program requirements
- Medical Students 285 hours

Credit hours are cumulative; thus, students working towards obtaining more than one degree in the same category (e.g. MD/PHD) may reach this maximum timeframe before completing their course of study and may need to appeal eligibility.

After one semester of not meeting the SAP standards, graduate students will be issued a warning and will be permitted to receive financial aid for the next semester. However, after the one semester of warning, graduate students who fail to meet any one or a combination of the SAP components will be ineligible for financial assistance. Financial aid warnings do not apply to professional medical students.

Students who fail to meet minimum SAP standards are not eligible to receive financial aid. Students will be notified of the reason(s) for the loss of eligibility through a letter sent to the permanent address on file with the University as well as via the Scholarships & Financial Aid Portal.

Appeals

Students may appeal their ineligibility by providing information on extenuating circumstances, indicating what has changed to allow successful academic progress. However, the submission of an appeal is only a request and does not guarantee that scholarship or financial aid eligibility will be reinstated. The appeal must be submitted online through howdy.tamu.edu, click the My Finances tab and enter the Scholarships & Financial Aid Portal. The student should provide evidence of the extenuating circumstances that occurred.

Students who graduate from Texas A&M University but do not meet Scholarships & Financial Aid Satisfactory Academic Progress minimums will be denied aid eligibility for additional coursework taken at the same degree level, but may visit with a Scholarships & Financial Aid advisor to determine continuing eligibility. Academic progress for students beginning a new degree level (i.e. undergraduate to professional, or graduate to professional) will be evaluated based on coursework/performance at the new level.

Eligibility and Beginning Attendance

Federal financial aid regulations require Scholarships & Financial Aid to confirm whether or not a student began attendance in at least one course order to establish eligibility for federal student loans. Based on the information we receive, adjustments to financial aid awards may be necessary and will likely result in a balance due to the University.

Instructors will confirm which students began attendance/participated in their courses through the Howdy portal. Instructors may reference attendance records, graded assignments, quizzes, exams, or papers to confirm that the student began academic participation. If the instructor confirms beginning attendance in the class there will be no adjustment to financial aid awards. If Scholarships & Financial Aid does not receive confirmation of beginning attendance in the course(s), it is required to adjust financial aid based on the remaining hours enrolled. If Scholarships & Financial Aid does not receive confirmation of beginning attendance for ANY enrolled course, it is required to cancel ALL federal financial aid.

In addition to potentially affecting current semester financial aid, drops and withdrawals are considered unsuccessfully completed coursework when determining Satisfactory Academic Progress (SAP) and will impact completion rate. Students who drop below the necessary completion rate may lose eligibility for financial aid in future terms.

For more information on SAP, please visit <http://financialaid.tamu.edu>.

APPENDIX II

DRESS CODE

Dress Guidelines for the Clinic

These guidelines are published in the Texas A&M School of Medicine Student Handbook.

Dress/Skirts

These should be no more than approximately 1 inch above the knee. Slits should be no more than approximately 1 inch above the knee. No very short skirts or dresses. Denim dresses and skirts are allowed.

No shorts/skorts.

Pants

Khaki, twill and polyester blend pants are acceptable as long as they are not “skin tight” and look professional.

No denim jeans, capri’s, “cropped”, stretch denim, spandex, overalls or hip-huggers.

No wind suits or sweat suits.

Blouses/Shirts

Polo or denim shirts are acceptable. Shirts and blouses should meet or come below the waistband at all times. When one is carrying out their professional tasks, the shirt or blouse should be long enough to preclude showing one’s mid-section. All necklines should be modest and tasteful showing **NO** cleavage at all. Ties are not required.

NO sleeveless shirts, tank tops, spaghetti straps or sleeveless blouses unless under a jacket/sweater or white coat that is worn at all times in the clinic.

NO see-through shirts are allowed without another shirt worn underneath.

NO t-shirts or shirts with advertising.

Shoes

Non-canvas tennis shoes are acceptable and should be kept neat and clean. Open back shoes are acceptable and do not have to be worn with hosiery.

NO open-toe shoes are allowed.

NO “Doc Martin” type sandals/slides or canvas tennis shoe/slides.

NO flip-flops, thong sandals or beach shoes.

Personal Hygiene/Miscellaneous

Perfume/powder/body sprays/cologne should be kept to an absolute minimum due to allergies of patients and/or co-workers.

Hair should be clean, combed and dry during work hours. Wet hair is not professional. No odd hair colors (i.e. purple, green, etc.) or flamboyant/distracting hair styles (i.e. spiked, Mohawks).

Always present yourself in a professional manner.

Fingernails should be short, clean and neatly maintained. Artificial nails, including any product applied to the nails other than standard polish or nail jewelry is prohibited. If polish is worn, it should be chip free and in good condition. NOTE: No nail polish or nail jewelry of any kind is to be worn while on Surgery or OB/GYN rotations.

All visible body piercing, **with the exception of ears**, is unacceptable. All visible piercing paraphernalia, **except for ears**, will be removed during working hours (i.e. eyebrows, tongue, nose, etc.)

All visible tattoos will have to be covered during working hours.

Anything deemed inappropriate by the management team



Oh No!



Yes!!

APPENDIX III

DISCIPLINE CODE

I) Student Code of Conduct Rules and Regulations

- A) Disciplinary regulations within the School of Medicine are set forth in writing in order to give students general notice of prohibited conduct. These regulations should be read broadly and are not designed to define prohibited conduct in exhaustive terms.
- B) Violation of any municipal ordinance, law of the State of Texas or law of the United States or TAMU or TAMUS HSC Regulation may result in disciplinary action as defined hereinafter. Any disciplinary action imposed by the School of Medicine may precede or follow a course independent of, and shall be in addition to, any penalty that might be imposed by any off-campus authority.
- C) Violations of the Student Code of Conduct or behavior which is unprofessional may result in disciplinary action.
- D)
 - 1) The term "premises" means buildings or grounds owned, leased, operated, controlled or supervised by the TAMU, the TAMUS HSC, Scott & White Hospital in Temple, VA Hospital, or any other clinical affiliate of the medical school.
 - 2) The term "University sponsored activity" means any activity on or off campus that is initiated, aided, authorized or supervised by the University.
 - 3) The term "University" or "institution" are intended to include both School of Medicine and Texas A&M University, and the HSC.
 - 4) The term "University official" means any administrator, faculty member, staff member and other authorized individuals of the University.
- E) Any student found to have committed misconduct as defined by the Student Code of Conduct is subject to the disciplinary sanctions outlined under "Disciplinary Action."

II) Procedure for Investigating and Adjudicating Allegations of Unprofessional Behavior, Academic Dishonesty, or Violations of the Student Code of Conduct.

A) Initial Procedure

- 1) Upon becoming aware of a possible violation, the School of Medicine Office of Student Affairs will initially look into the matter. In any case where it appears that a Medicine student has potentially engaged in academic dishonesty or other behavior that risks violating the TAMU Aggie Honor Code, the case will fall under the rules of the TAMU Aggie Honor System Office. Following final disposition by the Aggie Honor System Office processes, the case will be referred to the School of Medicine Student Promotions Committee for possible addition of any professional sanctions. Given that Medicine students are held to a different and higher set of professional standards than other University students, sanctions of the School may exceed or differ from those applied by the Aggie Honor System. Additional sanctions may include dismissal.
- 2) In any case where a student is accused of unprofessional behavior or violation of the School of Medicine Student Code of Conduct, and does not dispute the facts upon which the charges are based, and does not request a hearing as provided herein within seven days of being notified of the complaint, the Senior Associate Dean for Student Affairs or a designee may assess a penalty pursuant to Section III below that is appropriate to the charges and shall inform the student of such action in writing. For violations that may

lead to dismissal, the Student Affairs dean is precluded from assessing such a major sanction. In cases where there is no dispute of the facts, but dismissal is a realistic possibility, or in any other undisputed case at the discretion of the Student Affairs dean, the matter will be referred to the Student Promotions Committee for review and assessment of appropriate penalties. If the SPC votes for dismissal, that decision may be appealed using the process described earlier in this Handbook for appeal of SPC dismissals.

- 3) If the Senior Associate Dean for Student Affairs or designee assesses the penalty per above, that decision regarding punishment may be appealed in the same manner as a decision rendered subsequent to a hearing and in accordance with Section II.D below. The appeal is limited to the issue of penalty only.
 - 4) For cases not routed to the Aggie Honor Council, if a student disputes the facts upon which the charges are made, a disciplinary hearing will be afforded the accused. Except in those cases where immediate interim disciplinary action has been taken under authority of Section II.B., the accused student shall be given at least ten days' notice of the date, time, place for such hearing, and the name of the judicial officer.
 - 5) The notice shall include a written statement of the charge(s) and a summary statement of the evidence supporting such charge(s). The notice shall be delivered in person to the student or sent to the student by verifiable delivery service at the last address appearing in the records of the Dean's office. Email may be considered a valid notification option, if the student acknowledges receipt of the email.
 - 6) Hearings held following interim disciplinary action under Section II.B. will be held under the same procedures, but will be held as soon as practicable within ten days after the interim disciplinary action has been taken.
 - 7) The institution has the burden of going forward with evidence and the burden of proving the charges by the greater weight of the credible evidence.
- B) Interim Suspension Action
- 1) In certain circumstances, the Senior Associate Dean for Student Affairs, or a designee, may impose a suspension prior to the hearing. Interim suspension may be imposed only
 - (a) to ensure the safety and well-being of members of the School of Medicine community or preservation of the School of Medicine
 - (b) to ensure the student's own physical or emotional safety and well-being, or
 - (c) if the student poses a definite threat of disruption of or interference with the normal operations of the School of Medicine.
 - 2) During the interim suspension, students shall be denied access to student housing and/or campus and/or all other School of Medicine activities or privileges for which the student might otherwise be eligible, as the Senior Associate Dean for Student Affairs may determine to be appropriate.
- C) Rights in Disciplinary Action
- 1) The following rights apply to a student in legal or administrative proceedings that might result in expulsion, dismissal or suspension under the disciplinary code. Students subject to less severe sanctions may be afforded, but are not guaranteed, the following rights, at the discretion of the Senior Associate Dean for Student Affairs or a designee.
 - (a) Right to be informed in writing of all charges at least three class days before any hearing may proceed.
 - (b) Right to waive the three-day notice of charges.
 - (c) Right to reasonable access to the case file, which shall be maintained in the Office of Student Affairs.

- (d) Right to remain silent.
 - (e) Right to the consultation of an attorney. An attorney may appear at an administrative hearing with the accused student to provide advice, but may not represent the student or directly question or cross-examine witnesses.
 - (f) Right to question witnesses against the accused.
 - (g) Right to review all evidence brought against the accused.
 - (h) Right to present witnesses.
 - (i) Right to an open hearing.
 - (j) Right to a written statement of the findings of the hearing.
- 2) The focus of inquiry in disciplinary proceedings shall be the guilt or innocence of those accused of violating School regulations. Formal rules of evidence shall not be applicable, nor shall deviations from prescribed procedures necessarily invalidate a decision or proceeding unless significant prejudice to the student or School may result.
 - 3) In all proceedings, the accused shall be presumed innocent until it is proven that a violation of School regulations occurred.
 - 4) In all judicial proceedings, the burden of proof shall rest with those bringing the charges, and such burden of proof shall be by a preponderance of the evidence.
 - 5) A student may not be expelled, dismissed or suspended (except interim suspension as provided for above) prior to an administrative hearing. However, when the Senior Associate Dean for Student Affairs believes that the presence of a student on campus poses a continuing danger to persons or property or presents a threat of disrupting the academic process, an interim suspension may be imposed. An administrative hearing will be scheduled as soon thereafter as practicable.
- D) Disciplinary Hearing Procedures
- 1) Hearings shall be conducted by a judicial body consisting of one or more persons appointed by the Dean of the School of Medicine or designee according to the following guidelines:
 - (a) Hearings normally shall be conducted in private.
 - (b) Admission of any person to the hearing shall be at the discretion of the judicial body and/or its chairperson. All procedural questions are subject to the final decision of the chairperson of the judicial body.
 - (c) In hearings involving more than one accused student, the chairperson of the judicial body, in his or her discretion, may permit the hearings concerning each student to be conducted separately.
 - (d) The complainant and the accused have the right to be assisted by any advisor they choose, at their own expense. The advisor may be an attorney. Complainants and/or the accused are responsible for presenting their own case and, therefore, advisors are not permitted to speak or to participate directly in any hearing before a judicial body. If the accused chooses to have an attorney present, the Senior Associate Dean for Student Affairs shall be notified not later than one week prior to the hearing.
 - (e) The complainant, the accused and the judicial body shall have the privilege of presenting witnesses, subject to the right of cross-examination by the judicial body.
 - (f) Pertinent records, exhibits and written statements may be accepted as evidence for consideration by a judicial body at the discretion of the chairperson.
 - (g) There shall be a single verbatim record, such as a tape recording of all hearings before a judicial body. The records shall be the property of the University.
 - (h) After the hearing, the judicial body shall determine (by majority vote if the judicial body consists of more than one person) whether the student has violated each section

of the Student Code of Conduct which the student is charged with violating. The judicial body's determination shall be made on the basis of whether it is more likely than not that the accused student violated the Student Code.

- (i) The judicial body shall recommend to the Dean of the School of Medicine one of the following actions:
 - (i) Acquittal
 - (ii) Expulsion
 - (iii) Dismissal
 - (iv) Suspension
 - (v) Deferred suspension
 - (vi) Alternate sanctions they feel may be appropriate
 - (vii) Minor action(s) as defined below.
- (ii) The Dean may:
 - (i) Accept the recommendation of the judicial body;
 - (ii) Not accept or modify the recommendation of the judicial body;
 - (iii) Return the recommendation to the judicial body with recommendations for further action.
 - (iv) The decision of the Dean is final.
- (iii) After being notified of the final decision, if the student feels that the School of Medicine did not properly follow its established procedures, then an additional written appeal may be forwarded to the TAMU First Professional Appeals Panel within 10 business days (based on the Medicine academic calendar). The rules for this Panel are found in TAMU Student Rule 62. This step exhausts the student's appeal options and the First Professional Appeals Panel decision is final.

III) Disciplinary Penalties

- A) Disciplinary penalties are categorized as major and minor actions. Once students have been finally assessed a major disciplinary action as punishment, no more severe major action may be assessed against them by any higher University authority.
- B) Major Actions (in order of decreasing severity):
 - 1) Expulsion: Separation of the student from the University whereby the student is not eligible for readmission to this University.
 - 2) Dismissal: Separation of the student from the University for an indefinite period of time. Readmission to the University may be possible in the future, but no specific time for a decision is established.
 - 3) Suspension: Separation of the student from the University for a definite period of time. The student is not guaranteed readmission at the end of such period of time, but is guaranteed a review of the case and a decision regarding eligibility for readmission.
 - 4) Deferred Suspension: The sanction of Suspension may be placed in deferred status. If the student is found in violation of any University regulation during the time of Deferred Suspension, the Suspension takes effect immediately without further review. Additional disciplinary action appropriate to the new violation also may be taken. A student who has been issued a Deferred Suspension sanction is deemed "not in good standing" with the University. "Being not in good standing" includes the following restrictions:
 - (a) Ineligibility to hold an office in any student organization recognized by the School or to hold any elected or appointed office of the University.

- (b) Ineligibility to represent the School of Medicine to anyone outside the University community in any way, including representing the University at any official function, intercollegiate athletics or any forms of intercollegiate competition or representation.
 - (c) Ineligibility to receive a School administered scholarship when the length of the Deferred Suspension is greater than one semester.
 - (d) Additional restrictions or conditions also may be imposed, depending on the nature and seriousness of the misconduct.
- C) Minor Actions (no order of severity is established for minor actions)
- 1) Conduct Probation: An official warning that the student's conduct is in violation of the School of Medicine's Student Code of Conduct, "Basic Policy," or the Penal Code of the State of Texas but is not sufficiently serious to warrant expulsion, dismissal or suspension. A student on conduct probation is deemed "not in good standing" with the University. This sanction includes the same restrictions listed in Section 1.d. above.
 - 2) Loss of Campus Housing Privilege: Removal from School housing for disciplinary reasons.
 - 3) Deferred Loss of Campus Housing Privilege: The sanction of Loss of Campus Housing Privilege may be placed in deferred status. If a student is found in violation of any regulation during the time of the deferred sanction, removal from housing takes effect immediately without further review. Additional disciplinary action appropriate to the new violation also may be taken.
 - 4) Letter of Enrollment Block: A letter stating that the student may not reenter the School of Medicine without prior approval through the Senior Associate Dean for Student Affairs if enrollment has been blocked for a previous disciplinary problem or for medical reasons.
 - 5) Letter of Reprimand: A letter that makes a matter of record any incident that reflects unfavorably on the student or the School.
 - 6) Warning: Admonition of a student for actions unbecoming to the School of Medicine community.
 - 7) Community/University Service: A student may be offered an opportunity to complete a specified number of hours of Community/University Service in lieu of other sanctions. The type of Community/University Service must be approved by the hearing officer/panel.
 - 8) Restrictions: The withdrawal of specified privileges for a definite period of time, but without the additional stipulations contained in the imposition of conduct probation. The restrictions involved will be clearly defined.
 - 9) Restitution: A payment for financial injury to an innocent party in cases involving theft, destruction of property or deception. The assessed costs to be paid may be in addition to receipt of any of the above sanctions.
 - 10) Loss of Parking Privileges on Campus: Revocation of campus vehicle registration and forfeiture of permit.
 - 11) Other sanctions or stipulations appropriate for the violation.
 - 12) Malicious Complaints: If it is determined that a complaint or allegation is totally without foundation, the complainant may be subject to disciplinary action.
- D) All sanctions or penalties, either minor or major, may be reported to the Aggie Honor System Office for monitoring. Additional sanctions are possible by the University.

APPENDIX IV

TECHNICAL STANDARDS FOR COMPLETION OF THE CURRICULUM

It is the policy of the Texas A&M School of Medicine that no person shall be denied admission nor graduation on the basis of any disability, provided that the person demonstrates the abilities to meet the minimum standards set forth herein. Standards are developed as criteria to achieve the Doctor of Medicine degree in preparation for post-graduate training in any of the varied fields of medicine and for licensure as a practicing physician. Further, the safety of the patient, on whom the medical education process is largely focused, must be guarded as the final and ultimate consideration. Therefore, it is not only reasonable but essential for good patient care to require minimum standards for the education of physicians.

The School of Medicine recognizes that certain student disabilities can be accommodated without compromising the standards required by the School and the integrity of the curriculum. The School of Medicine is committed to the development of innovative and creative ways of opening the curriculum to competitive and qualified disabled candidates, while protecting the care of patients.

Development of the Medical Curriculum

The faculty of the School of Medicine is charged to: devise a curriculum that provides the student with the fundamental principles of medicine, acquire the skills of critical judgment based on evidence and experience, and develop an ability to use principles and skills wisely in solving problems of disease. In designing the curriculum, the faculty introduces current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care. The faculty should foster in students the ability to learn through self-directed, independent study throughout their professional lives.

Finally, the faculty of each discipline should set the standards of achievement for all students in the study of that discipline. Examinations should measure cognitive learning, mastery of basic clinical skills, the ability to use data in realistic problem solving, and respect for the rights and dignity of patients. This institution has in place a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training.

Abilities and Skills Requisite for Completion of the School of Medicine Curriculum

In the selection of students and in their progress through the curriculum, the School of Medicine faculty is guided by standards set by the Liaison Committee for Medical Education (LCME). The faculty places strong emphasis on the academic achievements of applicants, including performance in the sciences relevant to medicine. This includes evidence of satisfactory scholastic achievement as indicated by grade point averages (GPA) and scores on the Medical School Admission Test (MCAT).

Breadth of education and life experiences are deemed important in the selection process.

The faculty is equally cognizant of its responsibilities to patients who will be a part of the educational process and to future patients who will entrust their welfare and lives to medical school graduates. They, therefore, consider carefully the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health required of all students so that they become effective physicians.

Because the M.D. degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs, it follows that graduates must acquire a foundation of knowledge in the basic and clinical sciences that will permit the pursuit of a variety of careers in medicine.

Candidates for the M.D. degree must have somatic sensation and the functional use of the senses of vision and hearing. Candidates must have the functional use of the senses of equilibrium, smell, and taste so as to be able to diagnose patients' problems. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and motor function to permit them to carry out the activities described in the sections which follow. They must be able consistently, quickly, and accurately to integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

A candidate for the M.D. degree must have abilities and skills in six essential areas: (1) observation, (2) communication, (3) motor, (4) intellectual-conceptual, integrative, and quantitative, (5) behavioral and social, and (6) ethical. Technological compensation can be made for disabilities in some of these areas; but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures compromises the essential function of the physician and may jeopardize the safety of the patient. The six areas of abilities/skills are detailed as follows:

Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

Communication: A candidate should be able to speak; to hear; and to observe patients in order to elicit information, to describe changes in mood, activity and posture; and to perceive non-verbal communications. A candidate must be able to communicate effectively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with patients and with all members of the health care team.

Motor: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the clinical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his/her intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities attendant to the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in

the face of uncertainties and ambiguities inherent in the clinical problems of many patients.

Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admissions and educational processes.

Ethical Standards: A candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealings with peers, faculty, staff, and patients. Questions of breach of ethical conduct will be referred to the Senior Associate Dean for Student Affairs and Admissions for resolution under the Student Code of Conduct.

In determining the minimum standards for completion of the medical curriculum, the School of Medicine recognizes that certain disabilities can be accommodated without compromising the standards required by the School of Medicine or the integrity of the curriculum. The School of Medicine is committed to the development of innovative and creative ways of opening the curriculum to competitive and qualified disabled candidates, while protecting the care of patients. At the same time, the School recognizes the essential need to preserve the standards and integrity of the curriculum, requisite for the competent and effective physician. Since the treatment of patients is an essential part of the educational program, the health and safety of those patients must be protected at all costs. Therefore, it is not only reasonable but essential for good patient care to require minimum standards for the education of physicians.

All students are required to certify on an annual basis that they are able to meet these technical standards, with or without accommodations. If accommodations are needed, one must have an appropriate approval of accommodations sheet from TAMU Disability Resources on file with the School of Medicine Office of Student Affairs for implementation.

The Office of Student Affairs & Admissions and the School of Medicine Curriculum Committee will periodically review these standards in consultation with any other appropriate parties to assess the need for any changes.

APPENDIX V

CAMPUS – SITE – CLERKSHIP SELECTION

Campus Selection

Students are assigned to a clinical campus prior to matriculation when possible, or as soon as campus numbers are known thereafter. All students will have the opportunity to rank their choices of clinical campus; however, assignments are subject to campus minimum and maximum capacity numbers, determined each year by the School of Medicine administration. All campus assignments are done by a Campus Designation Committee consisting of a representative from each clinical campus and fourth year Student Advocates. The Office of Student Affairs & Admissions assists the committee and distributes its decisions to the students.

Appeal or Change of Campus Designation

After initial assignment, students are given the opportunity to ask for a different campus in the spring of their first year. These requests are handled by the Campus Designation Committee, as above, and students are moved when possible, within the limitations of capacity numbers. After this, campus assignments are final; however, if a student feels they have a compelling reason to change due to personal circumstances at any time thereafter, a request for appeal or change of campuses may be made to the Campus Designation Committee. It should be remembered that their ability to make a requested change is sometimes limited by campus capacity numbers. The decision of the committee may be appealed to the Executive Associate Dean or dean designee whose decision is final. NOTE: All campus changes must go through this committee. Students may not unilaterally switch campuses with each other.

Clinical Site Assignments

Clinical site assignment is done at the discretion of each individual clerkship. A student may request a specific site if they have a compelling reason; however, it is the purview of the clerkship to decide if the request can be granted. The decision of the clerkship director is final.

Clerkship Order Selection

Traditional track students are given the opportunity to request a desired order of their clerkships; however, this is subject to capacity numbers. The final order is determined by collaboration between the offices of Academic Affairs and Student Affairs, taking student preferences into account. After assignments are made, students may swap an entire schedule with another student on the same campus with the approval of the Office of Student Affairs. These assignments are final and may not be appealed. Traditional track students who wish to do a select clerkship on a different clinical campus than assigned may request such through the Office of Student Affairs. Requests will be granted on a space available basis.

AIM track students, by the nature of their longitudinal curriculum, are not able to request specific clerkship orders, since they rotate through all of them continuously. It is possible for AIM track students to request doing some of their opportunity time on another campus on a case-by-case basis. The request should be made to the AIM Director.

APPENDIX VI

COMPUTER CRIMES

§ 33.01. Definitions

In this chapter:

(1) "Access" means to approach, instruct, communicate with, store data in, retrieve or intercept data from, alter data or computer software in, or otherwise make use of any resource of a computer, computer network, computer program, or computer system.

(2) "Aggregate amount" means the amount of:

(A) any direct or indirect loss incurred by a victim, including the value of money, property, or service stolen or rendered unrecoverable by the offense; or

(B) any expenditure required by the victim to verify that a computer, computer network, computer program, or computer system was not altered, acquired, damaged, deleted, or disrupted by the offense.

(3) "Communications common carrier" means a person who owns or operates a telephone system in this state that includes equipment or facilities for the conveyance, transmission, or reception of communications and who receives compensation from persons who use that system.

(4) "Computer" means an electronic, magnetic, optical, electrochemical, or other high-speed data processing device that performs logical, arithmetic, or memory functions by the manipulations of electronic or magnetic impulses and includes all input, output, processing, storage, or communication facilities that are connected or related to the device.

(5) "Computer network" means the interconnection of two or more computers or computer systems by satellite, microwave, line, or other communication medium with the capability to transmit information among the computers.

(6) "Computer program" means an ordered set of data representing coded instructions or statements that when executed by a computer cause the computer to process data or perform specific functions.

(7) "Computer services" means the product of the use of a computer, the information stored in the computer, or the personnel supporting the computer, including computer time, data processing, and storage functions.

(8) "Computer system" means any combination of a computer or computer network with the documentation, computer software, or physical facilities supporting the computer or computer network.

(9) "Computer software" means a set of computer programs, procedures, and associated documentation related to the operation of a computer, computer system, or computer network.

(10) "Computer virus" means an unwanted computer program or other set of instructions inserted into a computer's memory, operating system, or program that is specifically constructed with the ability to replicate itself or to affect the other programs or files in the computer by attaching a copy of the unwanted program or other set of instructions to one or more computer programs or files.

(11) "Data" means a representation of information, knowledge, facts, concepts, or instructions that is being prepared or has been prepared in a formalized manner and is intended to be stored or processed, is being stored or processed, or has been stored or processed in a computer. Data may be embodied in any form, including but not limited to computer printouts, magnetic storage media, laser storage media, and punch cards, or may be stored internally in the memory of the computer.

(12) "Effective consent" includes consent by a person legally authorized to act for the owner. Consent is not effective if:

(A) induced by deception, as defined by Section 31.01, or induced by coercion;

(B) given by a person the actor knows is not legally authorized to act for the owner;

(C) given by a person who by reason of youth, mental disease or defect, or intoxication is known by the actor to be unable to make reasonable property dispositions;

(D) given solely to detect the commission of an offense; or

(E) used for a purpose other than that for which the consent was given.

(13) "Electric utility" has the meaning assigned by Section 31.002, Utilities Code.

(14) "Harm" includes partial or total alteration, damage, or erasure of stored data, interruption of computer services, introduction of a computer virus, or any other loss, disadvantage, or injury that might reasonably be suffered as a result of the actor's conduct.

(15) "Owner" means a person who:

(A) has title to the property, possession of the property, whether lawful or not, or a greater right to possession of the property than the actor;

(B) has the right to restrict access to the property; or

(C) is the licensee of data or computer software.

(16) "Property" means:

(A) tangible or intangible personal property including a computer, computer system, computer network, computer software, or data; or

(B) the use of a computer, computer system, computer network, computer software, or data.

§ 33.02. Breach of Computer Security

(a) A person commits an offense if the person knowingly accesses a computer, computer network, or computer system without the effective consent of the owner.

(b) An offense under this section is a Class B misdemeanor unless in committing the offense the actor knowingly obtains a benefit, defrauds or harms another, or alters, damages, or deletes property, in which event the offense is:

(1) a Class A misdemeanor if the aggregate amount involved is less than \$1,500;

(2) a state jail felony if:

(A) the aggregate amount involved is \$1,500 or more but less than \$20,000; or

(B) the aggregate amount involved is less than \$1,500 and the defendant has been previously convicted two or more times of an offense under this chapter;

(3) a felony of the third degree if the aggregate amount involved is \$20,000 or more but less than \$100,000;

(4) a felony of the second degree if the aggregate amount involved is \$100,000 or more but less than \$200,000; or

(5) a felony of the first degree if the aggregate amount involved is \$200,000 or more.

(c) (Blank).

(d) A person who is subject to prosecution under this section and any other section of this code may be prosecuted under either or both sections.

§ 33.03. Defenses

It is an affirmative defense to prosecution under Section 33.02 that the actor was an officer, employee, or agent of a communications common carrier or electric utility and committed the proscribed act or acts in the course of employment while engaged in an activity that is a necessary incident to the rendition of service or to the protection of the rights or property of the communications common carrier or electric utility.

§ 33.04. Assistance by Attorney General

The attorney general, if requested to do so by a prosecuting attorney, may assist the prosecuting attorney in the investigation or prosecution of an offense under this chapter or of any other offense involving the use of a computer.

APPENDIX VII

Texas A&M HSC School of Medicine Needle Stick Policy for Medical Students

Policy/Process Statement: It is the policy of Texas A&M School of Medicine that all students receive education and training regarding methods of prevention of exposure to infectious and environmental hazards prior to beginning any clinical experiences. This instruction includes procedures for care and treatment after exposure, including financial responsibility. Post-exposure evaluation and initiation of prophylaxis therapy, if indicated, will be available to students who have sustained occupational exposure to blood or body fluids that may be infected with blood borne pathogens.

Procedure

Prevention

- Mandatory universal precaution and blood-borne pathogen training is provided in initial student orientation and prior to beginning clerkships.
- Students are required to do yearly online OSHA/HIPAA modules all four years.
- Visiting students are informed of this policy at their initial orientation.

Post-Exposure Requirements

- Wash the exposed area immediately based on CDC guidelines
- Gather identifying information about source of exposure
- Report the incident to the nursing supervisor and/or the faculty supervisor for site specific treatment instructions (As per AAMC Uniform Clinical Training Affiliation Agreement)
- Proceed immediately to the nearest emergency room for initial treatment
- Contact clerkship coordinator and student affairs coordinator for assistance in completion of the Student Accident and Needle Stick Injury Report.
- Follow up with primary care physician regarding ongoing care.

Financial Responsibility

- Students will be treated as an employee for initial management of a needle stick by our clinical affiliates in terms of exposure evaluation, potential initiation of prophylaxis, and incident follow-up (on initial lab tests). However, students are not eligible for workers' compensation insurance.
- The School will reimburse the cost of the student's insurance co-pay and/or deductible, or any amount not paid by insurance, up to a maximum of \$500 per case. The School of Medicine does not give financial reimbursement for visiting students. Visiting students should contact

their home school for financial responsibility questions.

- Expenses incurred for any follow up visits, treatment, or lab work after the initial visit will be borne by the student and their insurance.
- The School of Medicine assumes no fiscal responsibility for the treatment of students who develop an illness as a result of an exposure. Long term management, if necessary, will be the responsibility of student and student's private insurance.

In order to be eligible to receive reimbursement, each student must comply with the following requirements:

- Student must first submit expenses and seek reimbursement from the student's private insurance company
- Student must submit all required forms to the respective campus student services coordinator or the Office of Student Affairs.
- Student must initiate the request for reimbursement from the School within 30 days from the date the student's insurance claim is approved or denied. A request for reimbursement must be submitted in writing along with a copy of Student's medical bill(s) and proof of payment for out of pocket expenses, to the respective campus student coordinator of the office of Student Affairs.

Resources and Tools:

- Definitions:
 - Blood borne pathogens: These primarily are human immunodeficiency virus (HIV-1), hepatitis B virus (HPV), and hepatitis C virus (HCV). Depending on the clinical situation, blood borne pathogens may not be limited to these infectious agents.
- Related Policies, Processes, and Guidelines:
 - Texas A&M-School of Medicine Policy: Effects of Infectious & Environmental Disease or Disability on Medical Student Learning Activities
 - Student Accident and Needle Stick Injury Report
 - AAMC Uniform Clinical Training Affiliation Agreement
 - "In the event a student is exposed to an infectious or environmental hazard or other occupational injury (i.e., needle stick) while at the HOST AGENCY, the HOST AGENCY, upon notice of such incident from the student, will provide such emergency care as is provided its employees, including, where applicable: examination and evaluation by HOST AGENCY's emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and/or HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that HOST AGENCY does not have the resources to provide such emergency care, HOST AGENCY will refer such student to the nearest emergency facility."

EXPOSURE CHECKLIST:

If you experienced a needlestick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, **immediately follow these steps:**

- ☐ Wash needlesticks and cuts with soap and water; flush splashes to the nose, mouth, or skin with water; irrigate eyes with clean water, saline, or sterile irrigants
- ☐ Notify each of the following as soon as possible:
 - ☐ Your Faculty Supervisor—request time off for immediate post-exposure care
 - ☐ Your Clerkship Director
 - ☐ Student Affairs Office (through the Student Coordinator for your campus) and fill out the Student Accident and Injury Report and/or any other required forms.
- ☐ Seek post-exposure care:
 - ☐ While you are on your clinical rotations, needle stick injuries will be initially addressed at the facility where the injury occurs. For most hospitals, you should contact the nursing supervisor or charge nurse for specific instructions, and go to the ER for exposure management as soon as possible. You will be assisted with filling out the proper paperwork.
 - ☐ **Post Exposure Prophylaxis (PEP) should ideally be started as soon as possible for high risk HIV exposure, preferably within hours of exposure** (but may be initiated up to 72 hours post exposure). **A regimen containing 3 (or more) drugs is now recommended.** The most up-to-date procedure, recommended by the Centers for Disease Control and Prevention (CDC), should be followed for management of this exposure.*

Normally this is a **28-day course** of anti-retroviral medications, with an initial prescription for 3 to 5 days while source blood is tested. Be sure to mention if you have a sulfa allergy, have intolerance to certain antivirals previously administered, or might be pregnant. Pregnant women should reserve prophylaxis for high risk exposures and seek clearance from their obstetrician to take the medications.

- ☐ After an exposure, your blood should be collected for baseline testing for HIV, HBV and HCV serological status.
- ☐ HBV vaccine should be offered if source is known to be positive for hepatitis B or is high risk for hepatitis B, and student has not been vaccinated against HBV. Student should be offered HBIG if they did not develop antibodies after prior HBV vaccination.
- ☐ Tetanus/diphtheria booster for percutaneous injury if none within last 10 years.
- ☐ **A follow-up visit should be scheduled within 72 hours** to review the results of baseline testing (if rapid tests are not used), provide additional counseling and support, assess medication side effects and adherence, and provide additional medication if appropriate (with an altered regimen if indicated)

by side effects or laboratory test results). If the source-patient HIV status is determined to be **negative**, prophylaxis will be discontinued and no follow up lab for HIV is necessary.

- **If PEP is initiated, the student should be monitored for drug toxicity by testing at baseline and again 2 weeks after starting PEP.** This should include a CBC and renal and hepatic function tests.
- Additional follow up visits are determined by the results of the initial baseline lab work drawn on the source of the occupational exposure. Any additional testing cost is borne by the student. Sample follow up is suggested below, but you should follow the directions of your personal physician.
 - Source is known HIV positive: obtain HIV antibody at 6 weeks, 3 months, and 6 months
 - Source is known HCV positive: obtain HCV antibody at 6 wks, 3 months, and 6 months
 - Unknown source: obtain HIV and HCV antibody at 3 months and 6 months
- Submit request to Office of Student Affairs for reimbursement for medical expenses for initial visit not paid for by your insurance within 30 days of receiving the final insurance payment for services.

APPENDIX VIII

Miscellaneous Complaints

Formal processes are outlined elsewhere in this Student Handbook for complaints and problems such as academic and grade issues, professionalism issues, challenging what is in one's written record, etc. For miscellaneous complaints a student wishes to bring to the attention of the School that do not fit into those areas where formal mechanisms are outlined, one may pursue a complaint via a number of different venues listed below. NOTE: This policy only applies to complaints for which defined processes do not exist elsewhere.

1. Informally – One should always first try to resolve the problem informally by talking with the person in charge over that area or their supervisor. This is the preferred route and is the one apt to be the most successful.
2. Formally – If one has attempted resolution via an informal route without success and one would like to pursue the matter further, a formal complaint may be filed in writing with the School of Medicine Office of Student Affairs. This office will try to help resolve the matter. If it cannot be easily resolved, a formal appeal may be filed.
3. Appeal – If there has been no resolution to the complaint after following the above process, then if one wishes, the decision may be appealed by submitting a formal complaint in writing to the Executive Associate Dean (EAD) of the School of Medicine or Dean designee. The EAD may resolve the complaint, dismiss it, or form a faculty appeal panel to make a recommendation prior to making a final decision. The decision of the Executive Associate Dean is final. The procedure followed for such an appeal panel will be identical to that for grade appeals.

APPENDIX IX

TEXAS A&M UNIVERSITY SCHOOL OF MEDICINE INTERNAL STUDENT MISTREATMENT POLICY

Revised: August 2, 2019

Approved by SCHOOL OF MEDICINE Dean's Executive Committee: August, 7, 2019

Approved by SCHOOL OF MEDICINE Faculty Advisory Committee: August 15, 2019²

I. Preface

The School of Medicine is committed to providing a positive learning environment in which students can meet their academic goals based on mutual respect in the teacher/learner relationship. Both parties must be sensitive to the needs of others and differences in gender, race, sexual orientation, religion, age or disability. As outlined in the *Learning Compact* belittlement, intimidation and humiliation are unacceptable for effective learning and undermine self-esteem. Breaches involving student mistreatment may result in a Medicine faculty or staff member being sanctioned or the loss of appointment and/or employment. The School of Medicine internal policy for dealing with claims of student mistreatment is described here. This policy primarily addresses student mistreatment involving employed School of Medicine faculty. However, a student may experience mistreatment from the School's staff, affiliate faculty, affiliate staff, residents, students, patients, or others. These instances will be discussed in Section V and VI.

Allegations of illegal discrimination, harassment, or retaliation should be reported in accordance with Texas A&M University Rule [08.01.01.M1](#), *Civil Rights Compliance*.

Note: References below include: Senior Associate Dean of Faculty Affairs (SADFA), Senior Associate Dean of Academic Affairs (SADAA), Senior Associate Dean of Student Affairs (SADSA).

II. Definitions

Inquiry
Mistreatment
Committee:

In consultation with the, SADAA and the SADSA, the SADFA appoints committee to conduct the inquiry into claim of alleged student mistreatment.

Complainant:

Individual who initiates the procedures described in this internal policy by reporting alleged mistreatment.

² Vetting process included, but was not limited to, Office of Medical Education (04/23/19), COM Department Heads (04/25/19), COM Campus Deans (05/20/19), COM Curriculum Committee (05/21/19), TAMU Office of General Counsel (06/11/19), TAMU Dean of Faculties (06/18/19), TAMHSC Compliance and Risk Management (06/18/19), TAMU Office of Risk, Ethics, and Compliance (06/18/19), COM Vice Dean of Faculty Affairs (07/08/19), and TAMHSC General Counsel (08/07/19).

Inquiry:	The assessment by the Inquiry Mistreatment Committee to determine whether a claim of mistreatment has substance. An inquiry may lead to different outcomes ranging from exoneration and dismissal of the claim, to the verification of the claim requiring corrective and/or punitive actions.
Mistreatment:	Either intentional or unintentional occurs when the behavior in the teacher/learner(s) relationship shows disrespect for the dignity of others as a result of inappropriate or abusive behavior on the part of the teacher that unreasonably interferes with the learning process. This behavior includes but is not limited to humiliation, belittlement, intimidation, psychological or physical punishment, and the use of grading and other forms of assessment in a punitive manner. If the behavior reported under this internal mistreatment policy contains allegations of illegal discrimination, harassment or retaliation, the School of Medicine will immediately refer the report to the Department of Civil Rights and Equity Investigations at the Texas A&M University Office of Risk, Ethics & Compliance for their handling and investigation under University Rule 08.01.01.M1 . ³
Respondent:	Individual who is the subject of information provided by a complainant; this term includes faculty members, residents, staff, affiliate staff, patients, and others.
Review:	The assessment by the SADFA, in consultation with the SADAA and SADS, of a claim alleging student mistreatment.

1) Reporting

Students may report mistreatment or unprofessional conduct by faculty members, residents, staff, nurses, affiliate staff, patients, or others through multiple mechanisms, such as, but not limited to, the Office of Student Affairs, the Office of Academic Affairs, the [Aggie Conduct Awareness Form](#) on the Reporting Student Mistreatment School of Medicine website, student advocates, and clerkship directors.

2) Resolution of Claims of Mistreatment by Texas A&M University School of Medicine Faculty (See section VIII)

All reports of student mistreatment by faculty will be immediately directed to the Learning Environment Rapid Response Team (LERRT) who reviews for explicit wording or situations (categorical assessment) aligned with the definition of student mistreatment and then promptly forwards it to the Office of the Senior Associate Dean of Faculty Affairs (SADFA) except: 1) those reported through the Texas A&M University [TELL SOMEBODY](#) program; 2) claims that violate University Rule [08.01.01.M1](#); and 3) staff,

³ In accordance with Texas A&M University System Regulation 08.01.01 Civil Rights, Texas A&M employees must, and students should, report any allegation of illegal discrimination, harassment or retaliation, to the Department of Civil Rights and Equity Investigations at the Texas A&M University Office of Risk, Ethics, and Compliance **immediately** upon being notified of the allegation. Employees who do not report can be subject to discipline up to and including dismissal, as well as criminal charges from the State of Texas.

and student-to-student mistreatment (see section VI below). Upon receipt of a claim not violating University rules, or routed through avenues listed above from a student reporting mistreatment, the Senior Associate Dean of Faculty Affairs (SADFA) in consultation with the SADAA and SADSA will review the claim. The foregoing group will appoint a representative to acknowledge receipt of complaint as well as general notification of finalization of the review or inquiry. In any claim alleging violation of civil rights under University Rule [08.01.01.M1](#), the claim shall be immediately reported to Civil Rights and Equity Investigations within Texas A&M University's Office of Risk, Ethics, and Compliance. No further action shall take place under this mistreatment policy without coordination with Civil Rights and Equity Investigations as stated above.

In some cases, the SADFA may convene an inquiry into the alleged mistreatment. An inquiry may lead to different outcomes ranging from exoneration and dismissal of the claim, to the verification of the claim requiring corrective and/or punitive actions. The SADAA, SADSA, and Department Head or Campus Dean will be notified of the initiation of an inquiry. The inquiry process protects the rights of the complainant as well as faculty, residents or staff alleged to have engaged in mistreatment. Anonymous claims will be logged and investigated to the extent possible; however, without the ability to obtain additional information from the complainant/reporter, it is difficult to process such inquiries.

The Inquiry Mistreatment Committee (IMC) is a standing committee of faculty and staff selected from a pool made up of potential members provided by each academic department. Each department provides one faculty member and one staff member to be a part of the IMC pool. Additionally, members to this committee may also be appointed ad hoc by the SADFA. The IMC is charged with investigating claims of alleged mistreatment. Members of this committee must be willing, able, and available to serve for three (3) years. On the second year of their appointment members may be reappointed or other members selected from the academic departments. If a member is not able to serve or complete his/her term of service the SADFA will appoint another member to serve for the remainder of the term. Members of the IMC are subject to challenge for conflict of interest by the parties. The SADFA will rule on the validity of the challenge and such decision shall be final. (Note: Such challenges must relate to the ability of a member to render an unbiased investigation. The mere existence of prior interactions between an IMC member and other individuals involved in the alleged mistreatment does not necessarily constitute bias). IMC pool members will receive investigation training and ERVU's for their active participation in the IMC trainings and investigations, if those exist at the time. The IMC shall prepare a written report stating the evidence reviewed, summarizing relevant interviews, and including any conclusions reached as a result of the inquiry. The SADFA will review the report from the IMC. A copy of the IMC's report will be provided to the respondent who will have five (5) business days to offer any comments on the report. Their comments shall be made a part of the record.

The written report from the inquiry shall be forwarded to the SADFA who review the report and make recommendations as appropriate. The report and recommendations thereof will then be forwarded to the corresponding Department Head for Medicine faculty and the appropriate Campus Dean for affiliate faculty. If the findings of the inquiry provide sufficient basis for a major breach of the *Learning Compact*, appropriate

sanctions, up to and including loss of faculty appointment, will be enacted by the Department Head for School of Medicine faculty and the applicable Associate Dean for affiliate faculty. Breaches in conduct that may involve dismissal for cause as defined by *Texas A&M University Standard Administrative Procedure (SAP)* [12.01.99.M2](#), *University Statement on Academic Freedom, Responsibility, Tenure, and Promotion*. The faculty member's rights (e.g., mediation), appeal process, hearing of appeal by the Committee on Academic Freedom, Responsibility, Tenure (CAFRT), and guidelines are delineated in *12.01.99.M2*.

V. Resolution of claims when the respondent is a Texas A&M University School of Medicine Staff

Claims of student mistreatment by School of Medicine staff are vetted through the LERRT and SADFA as stated in section IV, but may be directed to the pertinent unit (e.g., Office Medical Education, Human Resources) and/or personnel (e.g., supervisor) for further action. If the claim of Medicine staff behavior contains allegations of illegal discrimination, harassment or retaliation, the claim will be immediately referred to the Department of Civil Rights and Equity Investigations at the Texas A&M University Office of Risk, Ethics & Compliance for their handling and investigation under University Rule [08.01.01.M1](#).

VI. Resolution of claims when the respondent is not a Texas A&M University School of Medicine Employee

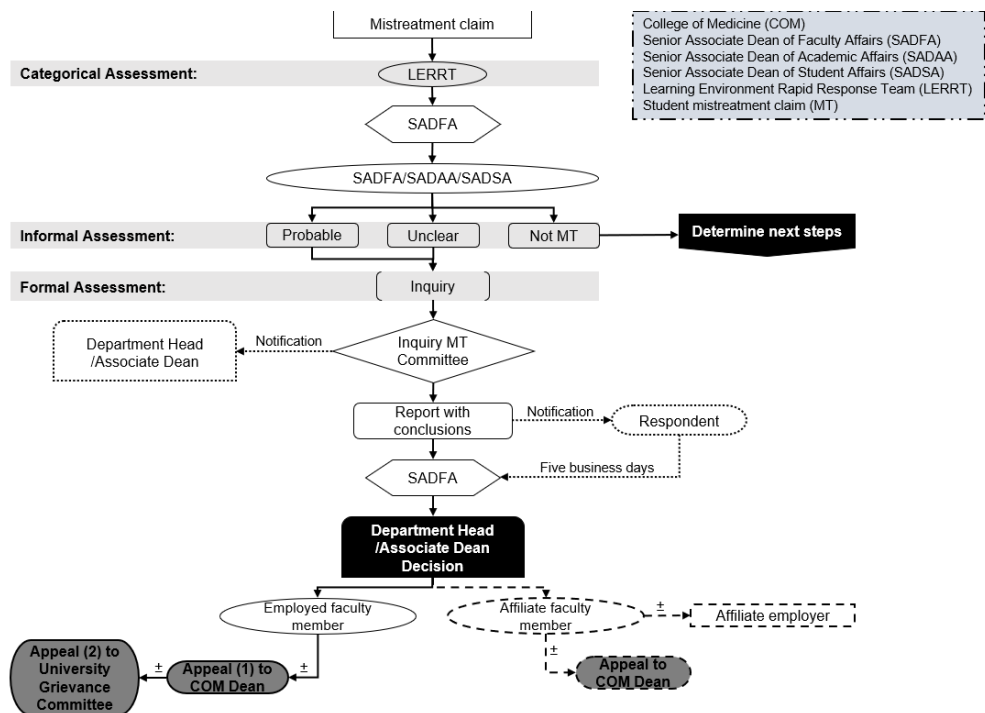
If a claim concerns affiliate faculty, staff, residents, nurses, patients, or others, and the respondent is not employed by the School, the complaint will be handled in the same manner, and as applicable, as described in Section IV above. However, the employer of the affiliate complainant may be a part of the inquiry. The Campus Dean imposes School of Medicine sanctions (e.g., termination of School of Medicine affiliation) for affiliate faculty and respective affiliate departments (e.g., Human Resources) for affiliate staff, residents, etc. The School will treat the complaint with the same seriousness as internal complaints and coordinate with the affiliate employer to make sure that the process is thorough, fair, and protects the rights of the students and the respondents. Claims of student-to-student mistreatment are vetted through the LERRT as stated in section IV, but instead of going through the SADFA may be directed to the pertinent unit (e.g., Student Affairs), personnel (e.g., Campus Dean), or entity (e.g., Student Promotions Committee) for further action. However, student-to-student mistreatment that violates University Rule [08.01.01.M1](#) will be reported to the appropriate entity as stated above.

VII. Appeals Process

School of Medicine employed faculty may appeal the Department Head's resolution (e.g., sanctions) according to the guidelines found in *Texas A&M University School of Medicine* [Faculty Grievance Procedures](#) (pending review by Dean of Faculties). The respondent must file a written appeal to the School of Medicine Dean by submitting the appeal to the Senior Associate Dean of Faculty Affairs (SADFA). The SADFA will submit the appeal to the School's Dean. The Dean may decide on the appeal or forward the appeal to a Faculty Grievance Committee (FGC) for its recommendation which is

comprised of members of the Texas A&M University School of Medicine [Faculty Advisory Committee \(FAC\)](#). The Faculty Grievance Committee will forward its recommendations to the School of Medicine Dean for decision. The decision of the Dean is appealable to the University Grievance Committee per SAP 12.99.99.M0.01. Affiliate faculty may appeal the Campus Dean's decision to the School of Medicine Dean. The appeals process through the School of Medicine for affiliated faculty, as determined by the Dean of Faculties at Texas A&M University, stops at the School of Medicine Dean. Respondents who are Medicine staff will have access to appeals procedures as defined by [SAP 32.01.02](#). Respondents who are affiliate, non-faculty, employees will have access to appeals procedures as defined by the affiliated institution.

VIII. Mistreatment Process Diagram



Responsibilities

Senior Associate Dean of Faculty Affairs (SADFA):

1. Reviews initial claims of alleged student mistreatment;
2. Defines the scope of review or inquiry in accordance with the terms of this policy;
3. Identifies and appoints the necessary and appropriate personnel to an Inquiry Mistreatment Committee (IMC) to carry out a thorough and authoritative evaluation of the relevant evidence should an inquiry be required;
4. Receives and reviews the IMC report and makes recommendations to the Department Heads and Campus Deans;
5. Takes precautions to ensure the impartiality of those involved in an inquiry;

6. Prepares and maintain all documentation gathered or generated during an inquiry. This documentation shall be maintained in a secure location for a period of three years after the conclusion of an internal review or inquiry.

Senior Associate Dean of Academic Affairs (SADAA):

1. Assists in the review the any potential claim of student mistreatment in order to determine an appropriate resolution process to follow.
2. Assists with identifying and appointing the necessary and appropriate personnel to the IMC to carry out a thorough and authoritative evaluation of the relevant evidence should an inquiry be required.

Senior Associate Dean for Student Affairs (SADSA):

1. Assists in the review the any potential claim of student mistreatment in order to determine an appropriate resolution process to follow.
2. Assists with identifying and appointing the necessary and appropriate personnel to the IMC to carry out a thorough and authoritative evaluation of the relevant evidence should an inquiry be required.
3. Provide support and ensure due process is followed on behalf of the complainant.

Department Head:

1. Review the IMC's report and recommendations, as submitted to SADFA. If necessary, implement appropriate corrective or punitive actions up to, and including, loss of faculty appointment for SCHOOL OF MEDICINE faculty.

(Campus) Associate Dean:

1. Review the IMC's report and recommendations, as submitted to SADFA. If necessary, implement appropriate corrective or punitive actions up to, and including, loss of faculty appointment for campus-specific affiliate faculty.

School of Medicine Dean:

1. Review appeals submitted through the SADFA.
2. Decide on appeal.

VIII. Overall Office of Responsibility

School of Medicine Faculty Affairs

Appendix X

Dean's Letter Information

Part of applying to residency is submission of your Medical Student Performance Evaluation (MSPE), often called your 'Dean's Letter'. This letter is created by your school and summarizes your performance during your medical school career. Specifically, it ends with your last third year course. It does not include fourth year rotations, unless you are off cycle, in which case it will only include fourth year rotations from your spring semester.

Typically, this letter is written by one of your Student Affairs Deans and is cosigned by an Academic Affairs Dean. **It should be understood that this letter is not a letter of recommendation, nor it is our personal evaluation of you; rather, it is a summary of how you were evaluated by others as you progressed through our curriculum.** Additionally, the format for this letter is proscribed by the Association of American Medical Schools (AAMC) and the guidelines for what must be in it are followed by all schools. At Texas A&M, your letter will usually be written by whichever Student Affairs Dean is the primary one designated for your home campus. Given the fixed format and how this is not a personal letter of recommendation, it should end up sounding about the same, regardless of who wrote it. Nevertheless, if for any reason you prefer for a dean on another campus write it, you are welcome to make that request directly to them. They will be glad to do it. For most students, you should plan on contacting the Student Affairs Dean for your campus to schedule a time to meet.

Once your letter has been submitted, it cannot be changed unless there was an error of fact. If you go back into the match in the future, we can add an addendum to the original letter that ends at graduation. The original letter is not changed unless the original information was in error at the time it was written.

Information regarding your clerkship performance will be taken verbatim from your end of clerkship grade summary sheet. We do not add comments from individual evaluations; only what is written in the textbox on the final grade form will be cut and pasted verbatim. It is our policy to not redact any comments. "Below the line" comments on that form are not included. These are intended to provide suggestions for your continued development only. Electives done through August of year 4 for which we have a grade sheet are included, along with summative comments (if present). Any comments are cut and pasted verbatim, as well.

The new AAMC MSPE guidelines require us to make comments on your professionalism, including any issues you have had in that area. The specific guidelines we have been given to follow are:

- *If the student was cited for unprofessional behavior, please describe the incident and any actions taken to remediate the professionalism concerns. If the student received commendations for exemplary professional behavior, please describe the behavior.*
- *Describe how the medical school defines professionalism and what it assesses in students.*

Additionally, the National Residency Matching Program (NRMP) rules requires all participants, both schools and applicants, to report certain new information in a timely manner, and failure to do so will be considered a Match violation. One of the specific rules applying is the following:

5.2 Completeness, Timeliness, and Accuracy of Information All information reported by the medical school about its applicants during the application, interview, matching processes, and until the 45th day following the start date of training, shall be complete, timely, and accurate.

Thus, the school has an obligation to report matters we become aware of, even after your MSPE is submitted, that might be reasonably be expected to affect your starting a training program or getting licensed. This is done by issuing an addendum to the MSPE and is required if we become aware of it up to 45 days into one's residency. You as an applicant have a similar obligation to report. Note these are the NRMP rules, not the School's.

With regards to any professionalism concerns, it is a requirement by the NRMP to share any professionalism issues that we as a school are aware of which might be reasonably expected to influence one's ability to match or be licensed. Not to do so is considered to be a Match violation by the school. Further, the NRMP rules require all schools to issue an addendum to the MSPE if such an incident occurs after the upload and release of the document. The policy of the School of Medicine is to report any incidents that resulted in an action taken by the School's Student Promotions Committee, or if a formal disciplinary action was taken by the School of Medicine or the University. This is generally defined as an adverse action. The wording for such a report will be based on what is directed by the AAMC and NRMP Guidelines and will be agreed upon by a group of representatives from both Student Affairs and Academic Affairs.

You will have an opportunity to review your letter prior to its submission date. You will be able to suggest modifications; however, the final wording will be at the discretion of the letter writer. Please understand that clerkship comments will not be changed and always stand as written, excepting corrections of obvious typographical or factual errors.

Notwithstanding the above, if you object to any wording in your MSPE, you should first contact the person who wrote that section and see if a mutually agreeable alteration can be made. For example, if you do not agree with something written in one of your clerkship evaluations, you should first discuss it with the clerkship director, or if comments in another section, with the author of that section. If an acceptable resolution cannot be found, you may file a formal appeal in writing to the Senior Associate Dean of Academic Affairs (SADAA) who will follow the procedures outlined under Appeal of Grades in this Handbook. The decision of the SADAA or Dean designee will be final.

You are responsible for reviewing your letter prior to the cutoff date for doing so. If you choose not to, your letter will automatically be uploaded as is with all others on the release date. We will do our best to ensure accuracy, but we cannot be responsible for any errors if you did not review it in a timely fashion.

Appendix XI

Title IX and Sexual Harassment Information

Resources, Rights, and Options in Cases of Sexual Harassment, Sexual Assault, Dating Violence, Domestic Violence, or Stalking

Sexual harassment is a form of sex discrimination. Unwelcome sexual advances, requests for sexual favors and other verbal, nonverbal or physical conduct of a sexual nature constitutes sexual harassment when this conduct is so severe, persistent, or pervasive that it explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work or educational performance, or creates an intimidating, or hostile work or educational environment. Sexual Assault, Dating Violence, Domestic Violence, and Stalking often fall under the broader context of Sexual Harassment. One huge misconception regarding sexual assault is that most of the time the perpetrator is a stranger. However, research indicates that approximately 2/3 of sexual assaults are committed by someone known to the victim. Sexual assault is an act of violence, which utilizes power and control over another. Tactics may include force, threats, intimidation, or physical violence. Many victims struggle with identifying whether they have been sexually assaulted due to tactics such as manipulation, restraint, victim blaming, and taking advantage of another's level of intoxication. An individual who has been victimized by a person they are familiar with may know that they were forced to have sex without their consent or approval, but they may not recognize the fact that it was indeed sexual assault.

A student who has been a victim of sexual harassment (including sexual misconduct or stalking), domestic violence, or dating violence, whether it occurred on or off-campus, has certain resources, rights, and options available. A student who witnesses, is subjected to, or is informed about incidents of sexual discrimination, sexual harassment (including sexual violence), and/or related retaliation also has the right to file a Title IX complaint with the University and receive a prompt and equitable resolution. Even if you choose not to report the incident to the University or to law enforcement, you are encouraged to take steps to preserve evidence. This will ensure that evidence is available if you later decide to proceed with a criminal or university investigation. You are encouraged to go to a hospital and have a Sexual Assault Nurse Examiner (SANE) assess you for physical trauma, sexually-transmitted infections, and pregnancy. A SANE can also collect and preserve evidence of a sexual assault.

Resources including advocacy, counseling, health and medical services, and legal support are all available at the University. Students may also have access to interim measures (e.g., change in housing, class schedules) that may be needed until the resolution of the complaint. Alleged offenders are afforded equal opportunities for representation and access to information regarding the investigation. The confidentiality issues surrounding complaints of this nature are supported as fully as possible for all parties involved.

For more information, please see: titleix.tamu.edu.

To view the University's sexual harassment, sexual assault, dating violence, and stalking policy, please see: rules-saps.tamu.edu/PDFs/08.01.01.M1.pdf.

How Do I Report a Title IX Incident?

For all reports, please contact:

The Department of Civil Rights and Equity Investigations

Medical Science Library Suite 007

School Station, TX 77843

TAMU Mail Stop 1268

civilrights@tamu.edu

979-458-8407

Appendix XII

Criminal Background Checks

Clinical training facilities routinely require criminal background checks (CBC's) for all who work in their domain, including students doing training at their sites. This is done to assure the safety and well-being of the patients they serve. Entities that accredit many of these facilities, such as The Joint Commission, require checks as well. Thus, the School of Medicine requires such a check be done prior to matriculation into medical school. The process for the check will be coordinated through the Office of Student Affairs who will supply the required forms and information on how and where to be tested. The student is responsible for paying for this check.

This required check will be done before matriculation and is usually the only time it is routinely done. However, certain clinical facilities may require an additional or more recent check to come to their site at later points in one's training. If so, the student will be required do additional checks as needed and at their expense. On rare occasions, the School may require a check be done in response to credible reports of student involvement in a crime. In these cases, the School will bear the expense of the check.

Results of CBC's will be kept in a secure location where access is limited to those who need to know, generally personnel in the Offices of Student Affairs and Admissions. These results will be maintained in accordance with the record retention rules and guidelines of Texas A&M University and the State of Texas.

For matriculating students, the Admissions Dean is charged with review any positive results or remarkable findings, then investigating and following up with the student. A student has the right challenge the findings and will be given opportunity to present additional or refuting information. If concern remains sufficient after review of the foregoing, the Admissions Dean will assemble an ad hoc Criminal Background Check Committee to review the material and determine next steps. This committee will consist of representatives from at least Admissions and Students Affairs, as well as some Medicine faculty members. Those next steps may include asking the student to appear personally before the committee, require additional information or documentation, denial or delay of admissions, or any other actions or requirements deemed necessary by the group. The committee may consult any others they wish for advice and ask for any additional information that they feel is necessary to render a fair and reasoned conclusion. Factors upon which decisions regarding positive findings will be made include, but are not limited to, gravity of the infraction, time course between the infraction and being in the medical curriculum, how the student responded to the infraction, and what they have done since. In the case of drug or alcohol-related offenses, the committee may require ongoing mandatory testing or similar measures deemed necessary to assure safety for all. The decision of the committee is final.

Positive CBC's received after matriculation will be handled as in the foregoing paragraph, but with the Student Affairs Dean doing the investigation and assembling an ad hoc committee, if needed.

Appendix XIII

Required Drug Screening of Students

Clinical training facilities routinely require drug screening for all who work in their domain, including students doing training at their sites. This is done to assure the safety and well-being of the patients they serve. Entities that accredit many of these facilities, such as The Joint Commission, require checks as well. Thus, the School of Medicine requires such a check be done prior to matriculation into medical school. The school will specify what must be screened for. The process for the check will be coordinated through the Office of Student Affairs who will supply the required forms and information on how and where to be tested. The student is responsible for paying for this check.

This required check will be done before matriculation and is usually the only time it is routinely done. However, certain clinical facilities may require an additional or more recent check to come to their site at later points in one's training. If so, the student will be required do additional checks as needed and at their expense. On occasion, the School may require drug testing for cause. Details can be found in this handbook under the Alcohol and Drug section.

Results of drug tests will be kept in a secure location where access is limited to those who need to know, generally personnel in the Offices of Student Affairs and Admissions. These results will be maintained in accordance with the record retention rules and guidelines of Texas A&M University and the State of Texas.

For matriculating students, the Admissions Dean is charged with review any positive results or remarkable findings, then investigating and following up with the student. A student has the right to challenge the findings and will be given opportunity to present additional or refuting information. If concern remains sufficient after review of the foregoing, the Admissions Dean will assemble an ad hoc committee to review the case and determine next steps. This committee will consist of representatives from at least Admissions and Students Affairs, as well as some Medicine faculty members. Those next steps may include asking the student to appear personally before the committee, require additional information or documentation, denial or delay of admissions, or any other actions or requirements deemed necessary by the group. The committee may consult any others they wish for advice and ask for any additional information that they feel is necessary to render a fair and reasoned conclusion. Factors upon which decisions regarding positive findings will be made include, but are not limited to, the results themselves and what substance tested positive, circumstances and explanations shared by the student, as well as any history of prior alcohol or drug issues. If the student is allowed to matriculate, the committee may require ongoing mandatory testing or similar measures deemed necessary to assure safety for all. The decision of the committee is final.

Positive screens received after matriculation will be handled as in the foregoing paragraph, but with the Student Affairs Dean doing the investigation and assembling an ad hoc committee, if needed.